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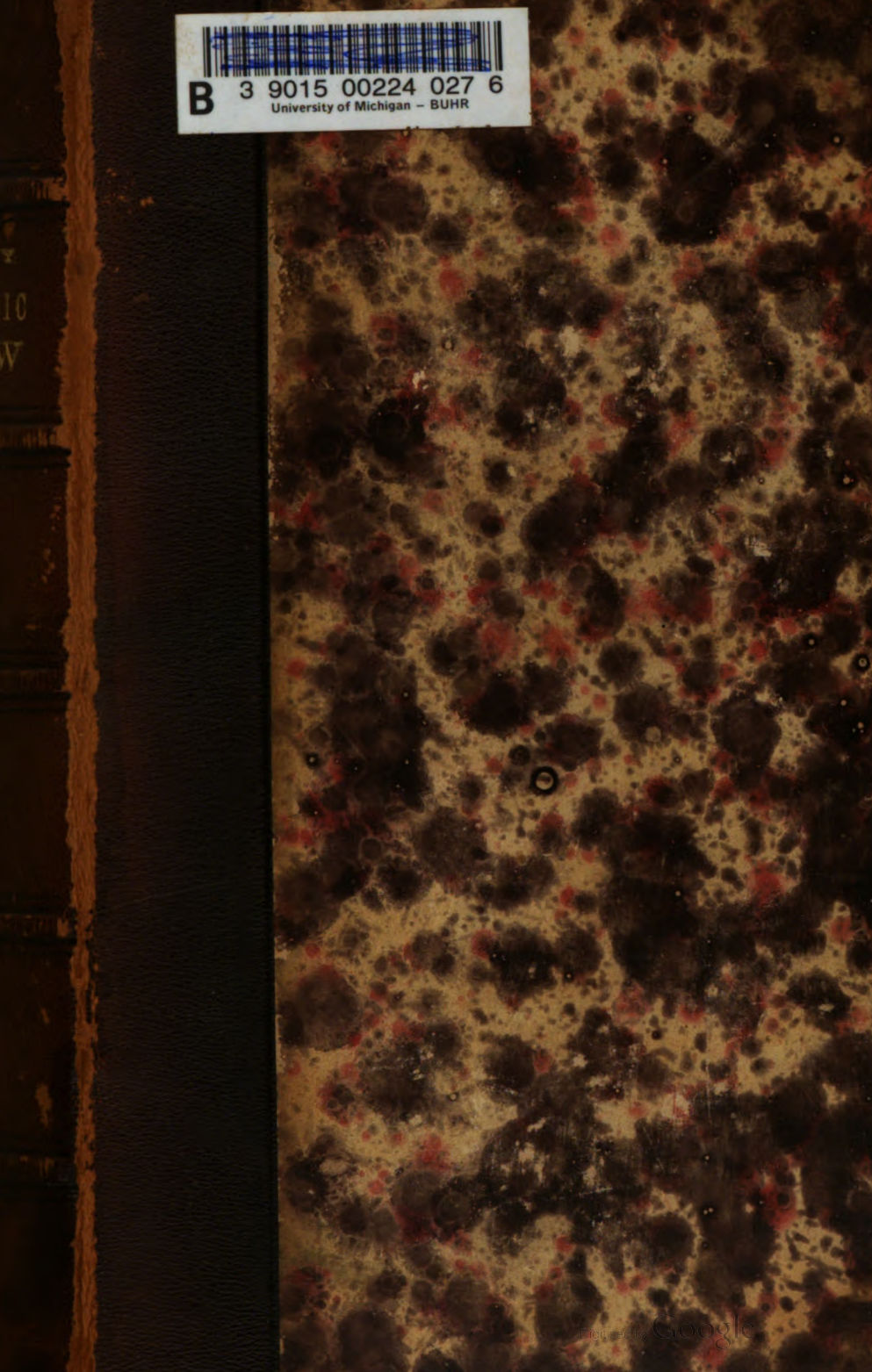
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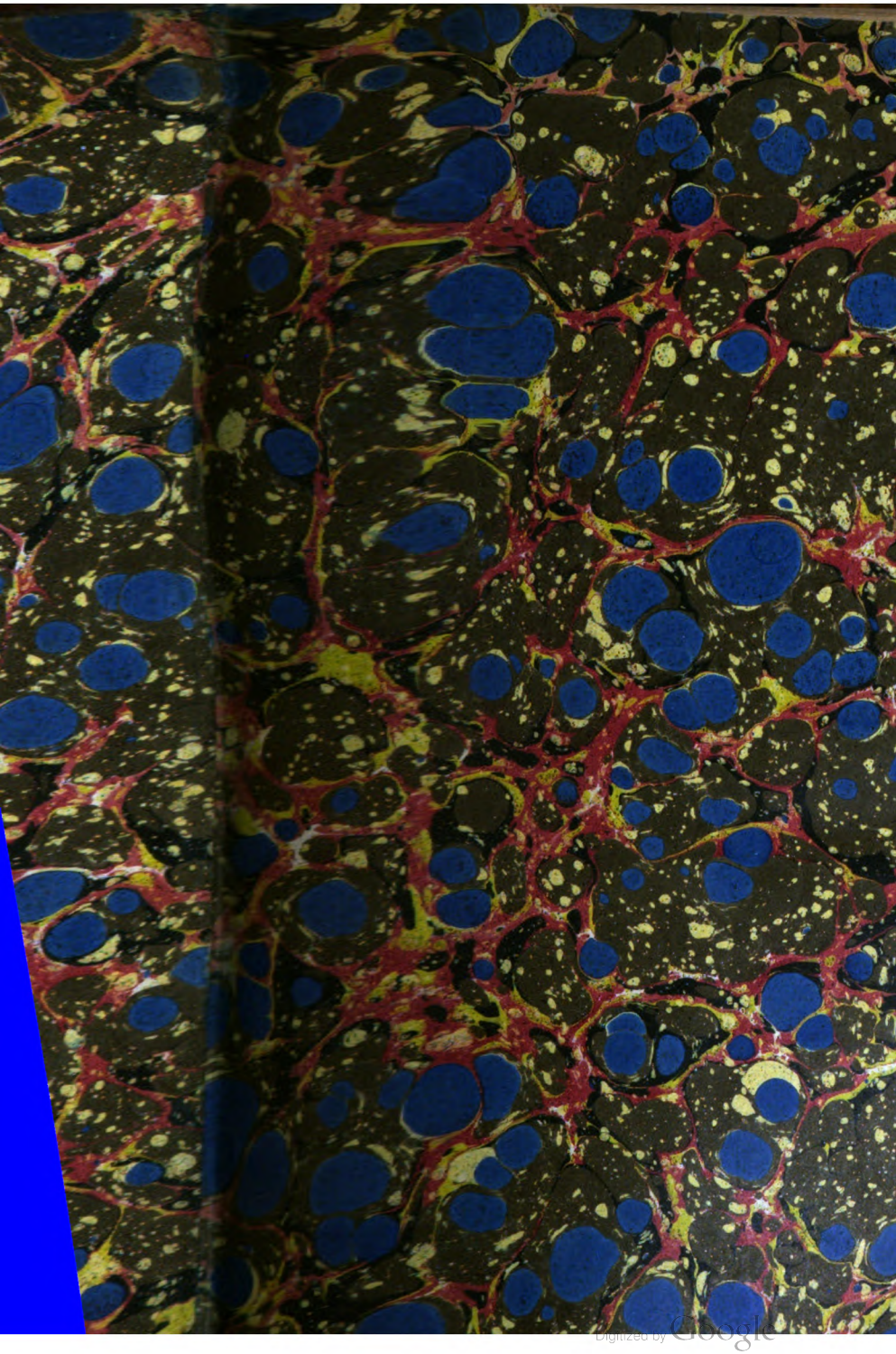
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THE MONTHLY

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HOMŒOPATHIC REVIEW.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

TO OUR READERS.

To-day, we enter upon our eighth volume; to-day, we feel that we have yet reason to remember the story of "the old man and his ass."

Letters of advice, of council, and of remonstrance, received during the past year, dim our triumph, and remind us that we are mortal. Listen:—

"Controversy will ruin the *Review:*" "I am glad to see that you have opened your pages to the free discussion and ventilation of," &c.—"Clinical cases are wanted:" "Admit no cases."—"Plain practical papers always take:" "The *Review* should be conducted on *scientific* principles, giving each month a sound philosophical essay." —"You do wrong in giving so little medical news:" "We can read the medical events of the day in the allopathic papers."

Such are *some* of the contradictory suggestions and scoldings of well-meaning friends and colleagues. That our ass has not, long ago, been tilted over the bridge, is indeed a mercy!

The task of conducting a journal addressed as well to the laical as to the professional reader, is not an easy one; but we have assumed and endured it as a labour of love. We have our reward also; for *our* success is associated with the progress of homœopathy; and it is gratifying to

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TO OUR READERS.

know and feel that we have been the means of diffusing a knowledge and an appreciation of medical truth.

We owe much to the kindly assistance of many of our colleagues; and especially of those who have contributed papers. We earnestly ask for their continued help.

To the medical officers and secretaries of many of the homœopathic hospitals and dispensaries, we tender our thanks, for the regular transmission to us of "Reports" of their several institutions. From the London Homœopathic Hospital we receive no direct "Report;" but we are always happy to publish news of its success and well-being, even when that news has to be obtained at second-hand.

In a medical point of view, the past year has been uneventful. Homœopathy has been left in comparative peace; inasmuch as no violent effort at repression or persecution by medical associations,—no chieftain's solemn excommunication of the followers of Hahnemann, have marked its course. In the absence, however, of war from without, some of our colleagues have been "keeping their hands in," by a "set to" among themselves. The dose is the *aliquid amari* of the inner life of homœopathy.

"Homœopathy is rather dull, just now," growled a sagacious homœopathic publisher, the other day; "we want a good *row*." Perhaps we do; but the dominant school seems to have made the discovery that homœopathy *thrives* in a "*row*;" for, under such circumstances, the *causa belli* is discussed by the public, attention is drawn towards the doctrines of our school, and truth prevails.

Dull, however, as homœopathy has seemed to be, it has not slept: since 1860, in the United Kingdom alone, 78 medical practitioners have joined our ranks.

"According to Catellan's *Annuaire Homœopathique* for 1863, the accuracy and trustworthiness of which," remarks Dr. Ozanne,*

* *Annals of the British Homœopathic Society*, No. xiv, p. 101.

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TO OUR READERS.

"we have every reason to uphold, the number of medical men practising homœopathy, in various parts of the world, amounts—

In North America.....to	1655	No information since the war.
— West Indies	32	
— South America	131	
— British Isles	283	
— Belgium	40	
— Spain	192	
— Italy	196	
— Netherlands	14	
— Portugal	57	
— Russia	76	
— Switzerland.....	37	
— Parts of Asia	4	From these various parts no precise information could be obtained by Messrs. Catellan frères.
— Denmark, Norway, Sweden	14	
— Moldo-Vallachia, Turkey	5	
— Poland	21	
— Various other places	9	
— France	441	
— Germany.....	554	
Total.....	3761	

"In these tables the United Kingdom figures for an increase of 78 practitioners over the preceding list, published in 1860.

"As the total in 1860 was 3615, these tables show an increase of 146."

Our allopathic colleagues—mighty in their numbers—may sneer at the smallness of our army, and at what they may term the slowness of our progress; but when the various causes of opposition are taken into account, the march of homœopathy is anything but slow. In speaking of converts, also, we only refer to medical men; the accession of the laity, in even overwhelming numbers, is alone prevented by the scarcity of homœopathic prac-

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titioners; for, until their numbers are increased, thousands favourable to homœopathy dare not openly adopt it, fearing to offend the medical man of the old school, on whom alone they have to depend for help in sickness.

Slowness of progression is not inconsistent with *orthodoxy*. The history of truth affords more than one instance of slow and painful marches, amid opposition, and persecution, and prejudice.

As usual, during the bygone year, we have seen examples of the tendency of the dominant school to appropriate as much of homœopathic practice as might suit its present purpose. The *Lancet** assumes a virtue, and eulogizes non-perturbative physic; and the *Medical Times*, in a leading article, points out the folly and danger of the usual custom of purgation. The beneficial employment of *aloes* in dysentery, and of *secale* in diarrhœa, are claimed to be allopathic discoveries; and *bismuth* is declared to be useful in gastralgia, only because of its *infinitesimal* adulteration with *arsenic*. Above all, both *Lancet* and *Medical Times* have ingeniously hit upon a new "dodge," and claiming for allopathy a principle almost of medical non-intervention in disease, they gravely accuse homœopathists of giving an *unprincipled amount of physic*, and declare the drugs of homœopathy—those heretofore "*inert globules*"—to be dangerous and concentrated forms of medicine!

The dominant school, for some time, has continued quietly to appropriate many of the remedies of our *Materia Medica, without any acknowledgment*. The homœopathic medical press should ever keep a watchful eye upon such dishonourable proceedings, and should ruthlessly expose them; otherwise homœopathy may eventually suffer, and the earlier labourers in the field of reformed medicine may be deprived of their well-earned laurels. Not only so,

* March 21st.

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but a mongrel practice may result; and, as homœopathy is now vulgarly believed to exist only as a system of small doses, so the giver of small doses, without any reference to the law of *similars* in the choice of his medicine, may come to be confounded by the multitude with the pure and conscientious homœopathist. Already, the influence of homœopathy is felt in the practice of the old school; less medicine is given, and new specifics are adopted; but new remedies and small doses, ingrafted upon the old system of physic—unsound in its principles, and unwarmed by the presence of a natural and unchanging law—are but the false teeth in the mouth of worn-out Ægle, fresh from her dentist, or the fair enamel upon the cheeks of sallow Lycoris:—

> "Sic dentata, sibi videtur Ægle
> Emptis ossibus, Indicoque cornu;
> Sic quæ nigrior est cadente moro
> Cerussata sibi placet Lycoris."*

WHO IS A HOMŒOPATHIST?

By Alfred C. Pope, Esq., of York.

Were the editor of the *Lancet* asked to describe a homœopathic practitioner, he would probably define him to be "a person who treats disease with globules." Absurd as such a reply manifestly is, there seems to be a tendency amongst some of our colleagues to limit the application of the term homœopathist to those who confine their prescriptions to globules. Dr. Hewitt, in the last number of the *Review*, tells us that he estimates a practitioner "in proportion to the smallness of the dose he habitually prescribes." In a circular, recently distributed amongst homœopathic practitioners, regarding the mode of treat-

* Martial.

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ment pursued by a homœopathic physician at a public institution, the globule is regarded as a *sine quâ non* of homœopathy. Mr. Wilson, Dr. Epps, and a few other writers, appear to attach similar importance to the medium through which medicines are administered. In all controversies regarding the truth of homœopathy, we have generally found the advocate of homœopathy declaring—and with perfect correctness—that the therapeutic principle he defends is totally independent of the globule; that, in fact, homœopathy may be strictly and correctly practised with any dose, whether in powder or globule, tincture or pilule, provided no aggravation of the disease is incurred by the magnitude of the dose. This I believe to be the simple truth.

Dr. Hewitt favours us with another definition of homœopathy. He considers it to comprehend every fact and every theory contained in the *Organon* of Hahnemann. No man can in Dr. H.'s opinion be a homœopathist unless he not only believes in the guiding law *similia similibus curantur*, in the necessity for the physiological investigations of medicinal action, for a dose different in bulk to that prescribed in order to carry out an antipathic theory, but he must pin his faith to the psora theory as the universal cause of chronic disease, to the increment of power in *every* drug by dynamization and succussion, to the efficiency in *all* cases of the 30th dilution, and not only so but to the inefficiency and positively detrimental character of any lower dilution; he must prescribe all medicines in the manner detailed by Hahnemann in a note to paragraph 246. In fact, to be a true homœopathist, according to Dr. Hewitt, everything that Hahnemann wrote must be regarded as indisputable fact—not as matter for criticism. The *Organon* must, says Dr. Hewitt, be treated as a Bible—that is, as the infallible production of a divinely inspired writer! Great as Hahnemann was,

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he was no inspired prophet. To write of him as such—to give to his writings that reverence, to regard their authority in matters medical with that implicit confidence in things spiritual which it is our privilege to be able to accord to the statements and precepts of the prophets, evangelists and apostles of the Holy Scriptures—to institute any such comparison, is to place the assertions of finite, erring man on a par with the declarations of Infinite Wisdom!

Hahnemann gains nothing, while homœopathy loses much, by such worse than extravagant, worse than unjustifiable adulation.

Were Dr. H.'s definition of homœopathic practice, that "which is in accordance with the axioms laid down in Hahnemann's *Organon*," a correct definition, how many homœopathic practitioners would he find in this country? A dozen? I very much doubt it.

Dr. Constantine Hering—than whom none holds Hahnemann in higher esteem, none has worked harder to develop homœopathy—than whom few, despite his eccentricities of character, have done more real service to the cause of homœopathy—uses very different language to that of Dr. Hewitt. He says, in the preface to the fourth American edition of the *Organon:* "What important influence can it exert whether a homœopath adopt the theoretical opinions of Hahnemann, or not, so long as he holds fast the practical rule of the master and the Materia Medica of our school? What influence can it have whether a physician adopt or reject the psora theory, so long as he always selects the most similar medicine possible. Even in the larger or smaller doses, the masses or the potences, allowing that there is a great difference between them, according to the testimony of the friends of each, yet all this difference dwindles into insignificance when we compare the results of homœopathic with those of common allopathic practice."

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WHO IS A HOMŒOPATHIST?

The liberality of thought, the comprehensiveness of this passage, is most cheering, after all the crabbed, narrow-minded, exclusive paragraphs that have been penned of late by one set of homœopaths against another.

True homœopathy does not involve a faith in all contained in the *Organon*. To assert that it does so, is to misrepresent it, and grievously to impede its progress.

True homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce similar disease in a healthy person. This alone is homœopathy. To carry out homœopathy, it is obviously necessary that drugs be proved. It is further necessary that the amount of drug given to cure be less than that required to produce disease. These are the corollaries of homœopathy. They are inseparable from it; no one can satisfactorily practise homœopathy without seeing their necessity, or availing himself of them; and, so far as I am aware, no one attempts to do so. The psora theory may be true or false; the dynamization theory may be true or false; the globule may be the best or worst medium for prescribing medicines; the 30th dilution may be the best or worst dose in all cases, and homœopathy remain unaffected.

It by no means follows that a physician who avows his faith in homœopathy, by so doing admits that all the *Organon* contains is absolute truth. Dr. Hewitt desires that all who believe in homœopathy without regarding the *Organon* as pure infallible truth, should be described by some other designation than that of homœopathists. The title is a matter of wonderfully little consequence; but if such members of the profession are to be styled something, what are they to be called? Certainly not allopaths—for they do not practice allopathically. Dr. Hewitt does not like to be called a "purist," a "Hahnemannist," or a "high dilutionist." What is he, then?

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WHO IS A HOMŒOPATHIST?

He is certainly a homœopathist; but he is something more. How can this something more be better described? Perhaps the term "ORGANONIST" would be the most accurate!

A rejection of, or disbelief in some parts of the *Organon*, by no means comprehends a rejection of or disbelief in the records constituting the Materia Medica, as Dr. Hewitt seems to suggest. He describes disbelief in the latter as the consequence of disbelief in the former. The inference is totally unfair. The symptomatology of drugs is a collection of facts, capable of being proved at any time; being daily tested at the bedside. In some instances, reprovings have shown the correctness of the original observations, and so established our confidence in those who made them. The psora theory, the dynamization theory, the dose assertion, are not susceptible of the same or similar tests. With regard to the dose, it has been shown over and over again that globule doses of the 30th dilution, though sufficient in many cases, are far from being the most desirable quantities for all. It has been proved, many a time and oft, that a low dilution, or the pure substance, has succeeded in curing where a higher dilution has failed. To say that the contrary has also been observed, does not affect the point at issue. I readily admit that it has. But Hahnemann claims for this dose a general, if not a universal efficacy, and regards all others as having an injurious tendency. To hear the facile way in which effects are ascribed to remedies, one would imagine that the observation of medicinal action during the course of disease was one of the simplest processes in practice. In truth it is one of the most difficult. To ascertain whether certain phenomena are due to a medicine, one must first of all examine minutely into every circumstance calculated to influence the patient, both before and after the medicine was taken. Is this so simple a matter? Then again, how often has not the natural, the

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medicinally uninfluenced course of a disease been deemed an aggravation from an *over* dose, whereas it was in truth an aggravation from an *under* dose? Again, the administration of drugs constitutes only a part of the physician's mission. How much of the amendment in one case, and how much of the aggravation in another, are to be ascribed to the medicine, and how much to the diet? and what to the nursing and general management of the patient? All these circumstances render the observation of the pure effects of remedies in disease far less easy than some might imagine it to be.

Those then who believe in homœopathy, whether they adopt Hahnemann's pathological and posological theories, or whether they do not, are *bonâ fide* homœopathists. Those who credit his theories have no right to arrogate to themselves an exclusive claim to this title. By pressing the necessity of giving credence to theories, which after all are but theories, and at the best of very doubtful correctness, little if any better than conjectural pathology,—theories not one of which so thorough a homœopathist, so sincere an admirer of Hahnemann as Dr. Hering of Philadelphia has, he tells us, "ever accepted;" by urging these as of equal importance with the clearly developed and practically ascertained truth contained in the LAW, time is being trifled away, the progress of medical science is hindered, our portion of the profession is being cut up into a number of impotent sections! While, did union exist in defence of such a truth, our power and influence would be irresistible. Never had any scientific body a more attractive rallying point than the declaration of a law of nature! The demonstration of a true basis for therapeutics! Would that all who believed in homœopathy—pure and simple—however much confidence they might have in conjectural pathology, strove together to maintain and to propagate the great truth it expresses.

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A BENEVOLENT GENTLEMAN.

A GOOD deal of stir has lately taken place in South Devon, owing to the supposed neglect, or something worse, of some homœopathic chemist; and Dr. Woodman has, *apropos*, written the following letter to the *Torquay Directory and South Devon Journal*:—

"HOMŒOPATHIC TREATMENT."

"DEAR SIR,—In accordance with the wish of a Governor of this Institution, I send you a few particulars of a case of salivation from a homœopathic preparation called 'Mercurius Solubilis.' The names of the persons concerned are of course unnecessary in this place—the more so as I have given them, in confidence, to yourself. I have no *personal* quarrel with the patrons of homœopathy, and, indeed, no acquaintance with any one practising it; and, in the present instance, the medicine was given by a *non-professional gentleman*, and the case came under my notice in the practice of the Dispensary.

"On the 6th inst. I was sent for to see a poor woman, whom I found, on examination, with loose teeth, spongy gums, salivation—that peculiar trembling which the French call 'tremblement mercuriel'—and breath so horribly fœtid, that I said to her at once, 'You have taken mercury, and have caught cold after it.' At first I thought she had taken some patent medicine, or antibilious pills, or some of those so-called *vegetable* pills, which invariably contain a mercurial. She denied this, but on being pressed, produced a small bottle, labelled 'Mercurius Solubilis, 6,' with the name of Headland, Homœopathic Chemist, in London, upon another label.

"Barely two grains of the brownish powder it contained were left in it; and from her account, it would seem she had taken almost a dozen grains in all, in divided doses, during the course of a week or ten days. It had been given her by *a benovolent gentleman, who is not a practitioner of medicine*, for symptoms supposed to indicate deranged liver. The small quantity I could obtain—barely two grains—I dissolved in two drams of distilled

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water, and the result of my examination proved it to contain bichloride of mercury, or corrosive sublimate, in considerable quantity. It gave an acid reaction to litmus paper, and when treated with reagents, gave the following results:—A white insoluble precipitate with ammonia; orange brown, with lime water, and solution of potash; crimson in iodide of potassium, soluble in excess of either solution; and deposited metallic mercury on gold when a galvanic circuit was established. Further, nitrate of silver gave a white precipitate, soluble in ammonia, but insoluble in nitric acid, which clearly proved the salt to be a chloride. Less than a quarter grain of the powder sublimed, gave rise to a number of minute crystals, which the microscope showed to have the needle-like form common to corrosive sublimate.

"From the gentleman who gave the medicine, I learnt that it was not prepared by Headland, but by a homœopathic chemist in Tunbridge Wells, and was said to be the third dilution instead of the sixth; and as prepared on the decimal scale, should have contained one-thousandth of a grain of the so-called *Ammonio-Nitrate* of the *Protoxide of Mercury*, or 'Hahnemann's Soluble Mercury'—a body whose exact chemical composition is as yet undetermined. Some samples of various strengths which I received from him and others, really appeared to be this form of mercury, but of these I learn that one form used, contains 1 grain in 10, and another 1 grain in 100, and so on, of this powerful mercurial. The one I have named as producing the salivation, was clearly, from analysis *Bichloride (Chloride)* of *Mercury*, or corrosive sublimate—the most powerful of its preparations—and seldom used by the orthodox school in larger doses than a one-sixteenth, one-twelfth, or one-eighth of a grain.

"The practical conclusions to be drawn from this somewhat lengthy letter are, I think, the following:—

"1. The homœopathists do not use, or at least commonly, the very dilute solutions which they are generally supposed to do—or that, in other words, they really use very appreciable doses of powerful and poisonous chemicals. (I must here remark that I do not forget that some persons are more easily

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salivated than others. I rely on the chemical tests, as shewing the quantity found to have been considerable.)

"2. That the offer sometimes made by 'unbelievers' to swallow a whole bottleful of globules, powder, or tinctures, prepared by homœopathists, can only be regarded as a foolish and dangerous experiment, which however it may occasionally be practised with impunity, might be attended at another time with severe or fatal consequences.

"I am, dear sir, your obedient servant,

"W. BATHURST WOODMAN, M.D.

"Torbay Infirmary, Nov. 30th, 1863."

If it be true that some homœopathic chemist, at Tunbridge Wells or elsewhere, did place in a bottle (on which was affixed Headland's label, purporting that the contents were *mercurius solubilis*, 6) a quantity of a brownish powder, really containing large proportions of corrosive sublimate, we can only say that such a man has been guilty of an atrocious and unjustifiable act. Did any homœopathic chemist do this vile thing? Let us look at the evidence.

Some "*benevolent gentleman*, not practising medicine, gave the woman this bottle, for symptoms supposed to indicate deranged liver." Where did he obtain this powder? What homœopathic chemist would neglect to remove Headland's label and to substitute his own? Why should the powder be *brown?*

If the bottle did really contain bichloride of mercury, we believe that no homœopathic chemist placed it there: the benevolent gentleman who chose to designate as the offender one living so far from Torbay, no doubt is given to practice a little in pharmacy as well as in medicine. We can offer no other explanation of such a stupid, unnecessary, and unjustifiable an act.

If, however, it *be* true, that some chemist did this vile deed, as the benevolent gentleman avers, what has this to

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do with homœopathy? A chemist commits a crime;—are all homœopathists, chemists, and practitioners therefore equally guilty? A meddling muddler goes about giving medicine and advice among silly women, and either gets hold of an improperly prepared drug, or does a little pharmacy on his own account, and blunders into a poisonous preparation,—are all homœopathists, therefore, cheats and impostors, and all homœopathic drugs dangerous poisons? Surely not.

Dr. Woodman draws strange and illogical conclusions. Before his day, men like A. S. Taylor had examined homœopthic medicines carefully, and had found in them no concentrated poisons. Nay, it is notorious that, during the last half century, the preparations of our pharmacy have, time after time, been carefully analysed—publicly and privately—for the purposes of damnification, and yet no deception, such as Dr. Woodman indicates, has ever been proved.

From the gentleman who gave the medicine, Dr. Woodman obtained some specimens of *mercurius solubilis*, containing 1 grain of that preparation of mercury in 10, some in 100. What business had such a man with *first* triturations of any drug? He must be caught, his pockets emptied, and his bottles smashed, ere he commits more mischief.

At any rate, let us assure Dr. Woodman that the *brown powder* of the benevolent gentleman is not prepared according to the Homœopathic Pharmacopœia. If he will take the trouble to look at p. 253 of the Homœopathic Pharmacopœia and Posology, by Dr. Hempel,* he will find, under the head of *mercurius corrosivus*, the following remarks:—"Many organic substances, such as oil, fat, *sugar, concentrated alcohol*, starch, &c., transform it into

* London: Leath & Co., 5, St. Paul's Church Yard, 1850.

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chloride of mercury when placed in contact with it; on this account it appears to be improper to treat this salt by trituration with sugar of milk; the *first* attenuation, on the contrary, is made with water, the *second* with aqueous alcohol, and it is only in the *third* that we begin to use common alcohol.

"According to *Gruner*, we may dissolve in the proportion of 1 to 19, designating this proportion as the *first;* the next preparation should be made with diluted alcohol, in the proportion of 2 to 8 (numbering this preparation 2), and all subsequent attenuations should be prepared with strong alcohol."

Thus, Dr. Woodman will perceive that the trituration of bichloride of mercury does not belong to our pharmacy. Homœopathic practitioners differ materially on the subject of dose: some of our body affirm that, provided the law of similars be followed in the *choice* of the drug, the dose may be in any proportion, so that it is not large enough to aggravate the disease; but a brown powder!—two grains of which afforded *fourteen distinct tests* for bichloride of mercury!—oh no, that is too bad!

We have followed, with interest, Dr. Woodman's report of the various tests which he so adroitly applied to the very small quantity of powder—two grains—small even if it had been bichloride of mercury alone, and we probably may return to the subject at a future time.

OBSERVATIONS ON THE TREATMENT OF ACUTE INFLAMMATORY DISEASE.

By John Anderson, M.D., M.R.C.S.

The question is often asked, derisively by some, enquiringly by others, is homœopathy efficacious in the treatment of acute diseases, fevers, and very urgent cases. In this and subsequent papers it is proposed to reply briefly

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to these important questions, illustrating the answers by a few appropriate cases.

The department of acute disease to which attention will in this first paper be more especially directed, is that comprised under the generic term "inflammation;" and in discussing the applicability of the homœopathic remedies thereto, an important preliminary enquiry suggests itself, viz., What is inflammation? A precise and scientific answer to this important question is impossible in a brief paper; a few of the more marked phenomena can alone be noticed.

1. *The stages of inflammation.*—These may be conveniently divided into (*a*) that of active congestion; (*b*) that of inflammation properly so called; and (*c*) that of exudation or effusion.

2. *The symptoms of inflammation.*—These are well known and recognised, viz., heat, redness, swelling, pain. The increased heat of the inflamed part arises from the increased quantity of blood determined thereto, with perhaps a more rapid oxydation of its tissues. The redness is owing to the distension and turgescence of the minute capillaries. The swelling may arise from the increased quantity of blood, and also from effusion; the pain from pressure on the nervous filaments.

3. *The precise locality of inflammation.*—This is very important to bear in mind; it undoubtedly is primarily the capillary vessels, which, acted upon in some mysterious way by excited nervous influence, become at first contracted, then dilated; the smaller and afterwards the larger vessels partaking also more or less of the same characteristic changes.

4. *The state of the blood in inflammation.*—This is also worthy of remark. The fibrin is increased, sometimes almost doubled in quantity, thus rendering the vital fluid more or less viscid. The red corpuscles are increased in

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number, lose their circular form, and have a great tendency to coalesce. The white or colourless corpuscles are abundant, are separated from the red, and have rather a tendency to unite with the fibrinous matter. Query—Is the actual quantity of the blood in the entire system ever increased in the stages of acute and active inflammation?

The actual pathological condition of parts in acute inflammation may therefore be briefly described as follows: Capillary vessels contracted, afterwards dilated; action of heart and large vessels increased more or less, producing a *vis a tergo* of greater or less intensity; the nervous fibrillæ highly excited and sensitive; the whole system sympathising more or less, according to the locality, degree, and speciality of the inflamed part. Presuming that the foregoing physiological and pathological statements are in the main correct, and applying them to any given case of acute inflammatory action, the indications for treatment are plain and unmistakable.

It is well known that the venerable school of allopathic science has for centuries relied upon bleeding, purgation, and salivation, especially the former, as the sheet-anchor in the treatment of inflammatory disease. Now, conceding the point that the type of acute disease may have altered during the last twenty years, that the inflammatory diathesis is not so marked nor so intense as formerly, and that therefore venesection is not resorted to now as in former years, yet the question arises, is it wise or successful—is it physiologically or pathologically correct—to abstract blood from the entire system, merely to diminish the flow to a particular part? That such flow needs to be diminished is obvious; and the very important inquiry arises, are there any other means of doing so besides those which mechanically diminish the local quantity of blood, or which depress the vital powers by mechanically purging out a large quantity of the constituents of that fluid which

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is the very life of the whole body? Long before the writer of this paper had any knowledge of even the existence of the homœopathic system, he was accustomed occasionally to treat acute inflammatory disease by careful diet, regimenal rules, and full doses of *digitalis* and *tartar emetic*, with a view of checking the excited action of the heart and large vessels, and sometimes with success.

We have, however, in homœopathy a rational, successful and harmonious means of fulfilling the indications suggested in the treatment of acute inflammatory disease. The one medicine which above all others has been found successful is *aconite*, and to the action of this drug as well as to that of *belladonna*, *bryonia*, *phosphorus*, and *mercurius corrosivus*, the reader's attention is requested.

I. *Aconite.*—The power of this invaluable drug in subduing inordinate vascular excitement, and in controlling the symptoms of acute inflammatory disease, is well known to homœopathic practitioners, and is partially known to and recognised by the allopaths themselves. Thus, Dr. Fleming of Edinburgh speaks of *aconite* as a powerful antiphlogistic; one calculated to be of great value in all cases where there is inordinate activity of the circulation; and that it will probably be found a highly advantageous antiphlogistic in pneumonia, pleuritis, &c.* Dr. Routh found *aconite* a good remedy in pneumonia; Dr. Mantell of Bath remarks that he had experience of its beneficial effects for many years; and Mr. Liston, the late eminent surgeon, says in his *Elements of Surgery:* "The exhibition of the extract of *aconite* in erysipelas and other inflammatory affections, is often followed by great abatement of vascular excitement, so that the necessity for abstraction of blood is done away with. The sensible effect is relaxation of the surface and frequently profuse

* See a review of Dr. Fleming's paper in *British Homœopathic Journal*, vol. iii. p. 404.

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perspiration; the arterial pulsations are diminished in frequency and force." The provings of *aconite* fully justify its use in inflammatory disease: note amongst other symptoms the following:—Skin dry and burning; sleeplessness with anxiety and restlessness; universal chilliness with internal dry heat; burning heat, especially in the head and face, with redness of the cheeks, shivering over the entire body, pressing outward headache with thirst and anguish; pulse hard, frequent and accelerated. These statements are further corroborated by the experiments of Orfila, who says that *aconite* "exerts a local irritation capable of producing inflammation more or less violent," and also by its pathological anatomy, which gives the brain, lungs, œsophagus, stomach and small intestines and blood vessels (particularly the veins of the bowels) as parts of the body exhibiting more or less marks of inflammation.

It has been the writer's practice to give the *aconite* very freely in the earlier stages especially, of all acute inflammatory diseases. The dilutions used were the 1st and 3rd decimal—occasionally the former, but most frequently the latter; and in a very few exceptional cases the mother tincture was used. The dose administered varied from one to two drops, repeated every one, two, or four hours, either alone or in alternation with the one other drug especially indicated in the particular organ of the body that was affected, such as *belladonna* in cerebral inflammations, *bryonia* in bronchitic inflammations, *phosphorus* in pneumonic inflammations, *mercurius corrosivus* in ophthalmic inflammations. It has also been found of great service to give one single full dose of *aconite*, of three or even four drops, and then to continue the treatment with smaller doses, the object being to check as quickly and suddenly as possible the inordinate vascular excitement upon which the inflammatory condition mainly

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depends. It has been observed especially, that in proportion to the promptitude and decidedness of the treatment, and the shortness of the time that had elapsed since the morbid state commenced, so has been the success and speediness of cure; and the writer would most earnestly press the great importance of using the remedies indicated with the utmost promptness and energy, so that the inflammatory fire may be extinguished before it has had time to develop its disastrous effects; and it will generally be found far easier to do this than to repair the mischief that will inevitably arise as the result of violent and prolonged inflammatory action.

It is not necessary to give detailed illustrative cases of the effects of *aconite per se*, this medicine being so usually alternated with another in the treatment of acute inflammatory disease. Reference may, however, be made to a case of laborious labour from rigidity of the os uteri, with a highly local and general state of vascular excitement and inflammatory action. Labour had continued for forty-eight hours, the child had been destroyed, and at this juncture the writer's assistance was requested by a professional brother. This was precisely the case to test the power of *aconite per se*, and almost the only abnormal condition in which the writer thought it possible that venesection must be had recourse to, in order to save life. On former similar occasions, fifteen years ago, and before embracing the homœopathic system of treatment, he had bled to the extent of from twenty to even sixty ounces in young, plethoric and robust women in the country; the latter case being a very desperate though successful one, and requiring that blood should flow, even during the vehement pains of parturition. In the case referred to above, he gave two-drop doses of *aconite* at frequent intervals, and in two hours the rigidity was so far overcome as by a little careful manipulation to allow the safe delivery of a

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full-grown child. Relief was experienced by the suffering mother after the very first dose of *aconite;* and judging by the result of this trying case, the writer has every reason to believe that a similar plan of treatment would have been successful in those other cases where, through ignorance of a better course, he was compelled to employ the lancet so freely. And he feels it to be a matter of great thankfulness that, in the treatment of almost every form of acute inflammatory disease that can be mentioned, even of the severest kind, he has never had occasion to abstract a drop of blood—he has never found the *aconite* in one single instance to fail. Very brief reference may also be made, by way of illustration, to three other cases: one, that of acute inflammatory rheumatism; the second, one of cerebral congestion; the third, one of acute erysipelas of the head and face. In the first and second cases, the frequent and decided use of *aconite* 1 was most marked in checking the vascular excitement and subduing the inflammatory action, and in both cases venesection, both local and general, would undoubtedly have been had recourse to under the old system of treatment. In the third case—acute erysipelas of the head and face, accompanied by high fever, great excitement, and a full, rapid pulse of 100—the *aconite* reduced the pulse 20 beats in two hours.

Aconite will be found very efficacious in young children; and doses of half a drop, or even a whole drop, of the 3rd dilution may safely and advantageously be given. There appears to be a special tolerance of this medicine in even the very youngest children, and a very quick and successful response to its administration in them, especially in acute inflammatory disease.

It should also be borne in mind that *aconite* has some symptoms in its provings that are adapted to and identical with certain specific inflammations, so that, in such cases,

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a double advantage is gained—the general effect of the medicine in subduing general vascular excitement, and the special or local effect in checking the inflammatory condition of some special organ or tissue. The following may be mentioned as illustrations:—Cerebral congestion; acute inflammation of the throat and fauces; pericarditis; but especially croup, in which the provings are very marked, viz., "croaking voice; spasmodic, rough, croaking cough, sometimes with danger of suffocation and constriction of the windpipe; dry cough with heat all over, thirst and great restlessness."

It may also be remarked, parenthetically, that *aconite* will be found very useful in cases where the heart's action is tumultuous or increased, apart from any actual inflammatory condition, as in hypertrophy of the heart, with powerful impulse, and also in hæmoptysis, where there generally co-exists a bounding action of the heart.

(*To be continued.*)

THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

(Continued from page 728, Vol. VII.)

Abstract of Dr. Tessier's Cases.

Case 21.

Lefèvre, æt. 51. Compound pneumonia.

Pneumonia commenced July 4th, 1848.

Treatment commenced July 10th.

Convalescent July 20th, *i.e.*, on 15th day.

Condition when admitted.—Pulse 96 to 100—Dyspnœa intense—Sputa rusty—Sub-crepitant râle abundant at base

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of left lung; and during cough on right side—Diffuse bronchophony on both sides.

Treatment and subsequent symptoms:

July 10th, *Bryon.* 12 and *carbo veget.* 12, alternately. Pulse 100—Stethoscopic sounds the same.

July 11th, *Bryon.* 12 and 24. In evening less dyspnœa; better—In night three loose stools—Following morning, pulse 68; feels much better; cough rare. On *left side,* sub-crepitant râle from sub-spinal depression to base of lung; on *right side,* bellows murmur and bronchophony, crepitation of large vesicles below.

July 12th, *Bryon.* 12, *sulphur* 6, alternately. Scattered crepitation right and left—Better.

July 13th, *Bryon.* 12 and *sulphur* 6. Mucous expectoration.

July 15th, *Sulphur* 12. Little cough—Sputa mucous and frothy. Convalescent on 20th.

Case 22.

Escaille, æt. 35. Pneumonia of right lung.

Pneumonia commenced July 4th, 1848.

Treatment commenced July 11th.

Convalescent July 17th, *i.e.,* cured on the 8th day.

Condition when admitted.—Great prostration, barely able to speak—Pulse 120 to 124—Dyspnœa—Rusty, viscid sputa—Dulness on percussion, from the spine of scapula to base of lung on right side—Intense tubular murmur below.

Treatment and subsequent symptoms:

July 11th, *Acon.* 6 and *bryon.* 6, alternately. Dyspnœa less—Pulse, cough, &c., the same.

July 12th, *Bryon.* 6 and 12, alternately. In evening an aggravation of symptoms, but pulse *full,* and 116—Next morning pulse 100—Dyspnœa less, and no stitch remains—Sputum increased—Complete dulness of sound

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behind—Tubular murmur only during expiration—Bronchophony over same space—During inspiration, returning crepitation is heard.

July 13th, *Bryonia* 12 and 24, in alternation. Slept and perspired—Pulse 76—Cough frequent and easy—Profuse expectoration—Bellows murmur—Returning crepitation.

July 14th, cont. *Bryonia.* Pulse 60.

„ 15th, *Bryonia* 12. Pulse 44.

„ 16th, *Bryonia.* Pulse 40.

„ 17th, *Bryonia.* Convalescent.

Case 23.

Baudoin, æt. 26. Pneumonia of left side.

Pneumonia commenced July 10th, 1848.

Treatment commenced July 14th.

Convalescent July 21st, *i.e.*, cured on 8th day.

Condition when admitted.—Prostrate, lies on his back—Pulse 116 to 120—Sputa greenish red—Dulness on percussion in left posterior portion of lung and beneath axilla—Intense bellows murmur in sub-spinal fossa.

Treatment and subsequent symptoms:

July 14, *Bryonia* 12 and 24. No sleep—Symptoms the same.

July 15th, *Bryonia* 12 and 24. No sleep—More sputa—Pulse 100, large and soft—No stitch during inspiration, but some during cough—Mucous rattle over the whole posterior of thorax—Perspiration profuse. In evening of 16th feels comfortable.

July 16th, cont. *Bryonia.* Refreshing sleep—Tongue moist—Pulse 80 to 84, large and soft—No dyspnœa—Returning crepitation.

July 17th, evening. Frontal headache—Pulse 100. *Aconit.* 12. Sleepless and restless night—Pulse 96.

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July 18th, *Bryonia* 24 and 12. Epistaxis—Very good night—Pulse 64—Mucous sputa.

July 19th, *Bryonia* 12. Dulness and murmur decrease.

„ 21st. Convalescent.

CASE 24.

Togné, æt. 42. Pneumonia of right side.

Pneumonia commenced Sept. 16th.

Treatment commenced Sept. 18th.

Convalescent Sept. 30th, *i.e.*, on the 13th day.

Condition when admitted.—Slightly jaundiced—Pulse 120—Constant cough—Dulness on percussion below nipple, in front, and below sub-spinal fossa, behind—Bellows murmur behind—Absence of respiratory murmur in front.

Treatment and subsequent symptoms:

Sept. 18th, *Bryonia* 12, and *Acon.* 6, in alternation. Restless night—Dyspnœa worse—Delirium.

Sept. 19th, mustard plasters to feet. *Bryon.* 12. Worse—Pulse 116 to 120—Whole lung involved in the disease.

Sept. 20th, *Bryon.* and *phosph.* 12, in alternation. Pulse becomes full, large, 116 in evening—Delirium continues and increases—No improvement.

Sept. 21st, *Bryonia* 12. Better night—Pulse 108.

„ 22nd, *Bryonia.* Copious sweat—Pulse 84—Still delirious—Less dyspnœa, &c.

Sept. 23rd, *Bryonia* and *bellad.* 12, in alternation. Good night—Pulse 84—Delirium remains—Lung symptoms better.

Sept. 24th, *Bellad.* and *arsenic* 12, in alternation. Continued delirium—Pulse 64—Returning crepitation.

Sept. 25th, *Bellad.* and *arsen.* Pulse 56—No delirium—Appetite returns.

Sept. 26th, *Sulphur* 24. During next three days strength returns—Murmur disappears—Pulse 56.

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Case 25.

Pot, æt. 36. Pneumonia of right side.

Pneumonia commenced Sept. 27th.

Treatment commenced Sept. 28th.

Convalescent Oct. 7th, *i.e.*, on 10th day.

Condition when admitted.—Pulse 120—Sputa blood-streaked—From spine of scapula to base of right lung, no respiratory murmur.

Treatment and subsequent symptoms:

Sept. 28th, *Aconit.* 6. Pulse 116 to 120—Fine crepitation behind, below, and on right side of right lung.

Sept. 29th, *Bryon.* 12. Perspiration and diarrhœa—Pulse 108 to 112—The dulness has extended over a larger space.

Sept. 30th, *Bryonia.* Perspiration and diarrhœa continues—Urine with red sediment—Pulse 108.

Oct. 1st, *Bryonia* and *sulphur* 12. Epistaxis—Pulse 96—Sputa more vesicular—Moist râle in supra-spinal fossa.

Oct. 2nd, *Sulphur.* Slept well—Pulse 64—Diarrhœa—Returning crepitation.

Oct. 3rd, *Bryon.* and *sulphur,* in alternation. Pulse 56 to 60—Same symptoms.

Oct. 4th, *Bryonia* 24. Pulse 44.

„ 5th. Pulse 44.

„ 6th. Gradual disappearance of all stethoscopical signs.

Case 26.

Corsin, æt. 43. Pneumonia of left side.

Pneumonia commenced Sept. 21st.

Treatment commenced Sept. 23rd.

Convalescent Sept. 28th, *i.e.*, on 6th day.

Condition when admitted.—Pulse 100—No respiratory

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murmur in the whole left side, except about middle of scapula, where there is a slight bellows murmur and crepitation.

Treatment and subsequent symptoms:

Sept. 23rd, *Acon.* and *bryon.* in alternation. A good night.

Sept. 24th, *Bryonia.* Pulse 92—Perspiration—Stethoscopical signs better—Returning crepitation.

Sept. 25th, *Bryon.* 12. Pulse 72—No cough—Mucous expectoration.

Sept. 26th, *Bryonia.* Feels well—Still crepitation.

„ 27th, *Phosphorus.* Convalescent.

„ 28th, No medicine.

Case 27.

Bizet, æt. 69. Compound pneumonia.

Pneumonia commenced Oct. 13th.

Treatment commenced Oct. 14th.

Convalescent Oct. 19th, *i.e.*, on 6th day.

Condition when admitted.—Pulse 100 to 104—Violent dyspnœa—Great dulness at lower and posterior portion of both lungs—Bellows murmur on right side, along inner border of scapula—Fine crepitant râle, corresponds to dulness of sound on left side.

Treatment and subsequent symptoms:

Oct. 14th, *Bryon.* 12. Bad night—Two copious stools—Urine sedimentous—Pulse 84—Perspiration.

Oct. 15th, *Bryonia* 12. Copious red sediment in urine—Pulse 68—Feels comfortable—Stitch ceased—No cough or expectoration—Returning crepitation.

Oct. 16th, *Bryonia.* Pulse 84—Appetite returned—Left side well—Right returning crepitation.

Oct. 17th, *Bryonia* 24. Pulse 52—Convalescent.

„ 18th. No medicine.

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Case 28.

Lucas, æt. 44. Pneumonia of the right side.

Pneumonia commenced October 13th, 1848.

Treatment commenced Oct. 19th.

Cured Oct. 23rd, *i.e.*, on the 5th day.

Condition when admitted. — Pulse frequent — Intense thirst—Slight icterus—Stitch in whole of right side—Scanty, rusty, tenacious sputa—Cold sweat—Dulness from apex of right lung to lower angle of scapula—Bronchial murmur in supra-spinal fossa—Crepitant râle in the whole upper part of lung—From spine of scapula to lower angle, bronchophony.

Treatment and subsequent symptoms:

Oct. 19th, *Bryonia* 12. Pulse less frequent—Other symptoms the same.

Oct. 20th, *Bryonia* 12 and 24. Pulse normal—Perspiration free and warm — Sputa natural — Nose-bleed — *Returning crepitation.*

Oct. 21st. Same treatment—Convalescent—Returning crepitation.

Oct. 22nd, *Bryonia* 24. Feels quite well.

„ 23rd. No treatment.

Case 29.

Billon, æt. 16. Pneumonia of left side; second stage.

Pneumonia commenced Oct. 21st, 1848.

Allopathic treatment commenced Oct. 25th.

Homœopathic treatment commenced Oct 26th.

Cured Nov. 6th, *i.e.*, on 11th day.

Condition when admitted.—Lies on his back—Respirations 36 in a minute—Dulness, on percussion, over lower half of left lung, posteriorly—Bronchial murmur over dull portion during inspiration only—Crepitation

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over same space, on deep inspiration—Marked bronchophony—Pulse 96.

Treatment and subsequent symptoms:

Oct. 25th. No treatment. Ten leeches had been applied before coming to hospital.

Oct. 26th. In morning no treatment—Pulse 92—Respiration 36. Dr. Valleix (allopathic physician to the hospital) hands him over to Dr. Tessier, as a fair test of the efficacy of homœopathic treatment.

Bryonia 12 and 24. At 9 P.M. had an accession of fever—Pulse 116—Two liquid stools at midnight—Pulse 92—Respirations 36—Dyspnœa less.

In evening of next day—Pulse 84 to 88—Respirations 36—Returning crepitation.

Oct. 27th. Same treatment. Pulse 56—No dyspnœa—Scarcely any cough—Returning crepitation still more marked—Respirations 32—In evening, pulse 44.

Oct. 28th. Same treatment. Pulse 44—Respirations 28—Dulness decreases.

Oct. 29th. Same treatment. Pulse 40—Respirations 24—No dulness—Mucous râle.

Oct. 30th. Same treatment. Greatly better.

Nov. 1st, *Bryonia* 12, one dose a day. Convalescent.

Nov. 2nd, 3rd, 4th. Same treatment. A little dry cough remains—Keen appetite—Pulse 56.

Nov. 6th. No râle—A little bronchophony—Pulse 48—Respirations 20.

Case 30.

Lambert César, æt. 60. Pneumonia of right lung.

Pneumonia commenced Nov. 18th, 1848.

Treatment commenced Nov. 20th.

Resolution Dec. 1st, *i.e.*, cured on the 12th day.

Condition when admitted.—Pulse 120—Sputa bloody,

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tenacious—Stitch in right breast—Dulness on percussion over whole of right breast, posteriorly—Intense bellows murmur over whole surface of right chest, posteriorly—Fine crepitation, during cough, opposite spine of scapula.

Treatment and subsequent symptoms:

Nov. 20th, *Bryon.* 12 and 24. Pulse 112—Sputa part bloody, part greenish-viscid—Stethoscopical signs much the same—Cerebral irritation.

Nov. 21st. Same treatment. Pulse 112—Copious perspiration all night—Stitch less acute—Stethoscopical signs proceeding favourably—Cerebral irritation.

Nov. 22nd. Same treatment. Pulse 112—Sub-crepitant râle at base of lung.

Nov. 23rd. Same treatment. Pulse 92—Less cough—Sputa contains large air vesicles—Copious perspiration.

Nov. 24th, *Bryon.* 12. Pulse 104—No cerebral irritation—No stitch in side—Dulness of sound in sub-spinal fossa, otherwise the sounds are normal all over chest.

Nov. 25th, *Bryon.* 24. Pulse 80—Returning crepitation.

„ 26th. Same.

„ 27th. Same.

„ 28th. Pulse 80—Convalescent.

„ 29th. Pulse 80—No cough.

„ 30th. Pulse 76—Convalescent.

Dec. 1st. Resolution.

(*To be continued.*)

APIS MELLIFICA IN SCARLATINA MALIGNA.

By J. H. Nankivell, Penzance.

During the months of August, September, and October of this year (1863), there has been in the town of Penzance an epidemic of malignant Scarlatina, and many children have died of it. In my own practice I have lost two children, one an infant of five months, the other

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a little girl of four years; both of these sank in consequence of the larynx becoming affected with that kind of croupy inflammation which is met with both in Scarlatina and in Diphtheria. I had tried the prophylactic powers of Belladonna in families of five or six children without any beneficial result, for I found that when the disease had gained a footing in a house, the children were almost sure to be laid down on their sick beds one after another—nay more, the parents and nurses became affected with Scarlatinous sore throat with or without ulceration. I tried Belladonna as the most reliable medicine during the course of the disease, but it failed to preserve life in the two instances mentioned, and in many others I found that a severe form of renal dropsy followed. The dropsy yielded favourably to *terebinth* (3) or *apis mel.* (3)—so that upon the whole my success was at least equal to that of my neighbours. *But it ought to have been greater.* In order to have stood well in the eyes of the critical public, I should not have had one fatal case.

On the 7th of September I was requested to visit a little boy, aged 8 years: the scarlatinous rash had then been out four days, during which period the parents had been administering *belladonna* (3). As the child grew worse, they became alarmed and requested my advice. The boy was very ill, not comatose, but torpid, oppressed. The throat much affected, but as yet no laryngeal affection. The body was covered with an intensely deep, red rash, (the rash did not begin to fade until the 6th day,) except on the right fore-arm, the front half of which was *as white* as snow. I enquired if that part had been the seat of any skin disease, and was informed that ten days before the child was stung by a bee, and that the white mark showed exactly the extent of the inflammation.

Here then was one of nature's hints; here was written in language which could not be mistaken, "*Similia*

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similibus curentur," for if the bee poison could after the lapse of ten days have such a persistent effect on the capillaries of the fore-arm, that they were still insensible to that storm of disease which was raging in every other part of the body, it was a natural conclusion that the same poison administered in proper doses would have a controlling power over Scarlatina. I therefore at once prescribed *apis mel.* (3), 1 drop every 4 hours. The following day the child was much relieved, and rapidly regained his usual health.

A few days after, a sister of the before mentioned sickened with Scarlatina; she was 12 years of age, and on the second day of the fever, the rash extended generally over the body. She took *apis* only; the throat did not become much affected; she did not suffer from one alarming symptom, and made a good recovery.

Soon after, a little boy, aged 3 years, of the same family, became affected with hæmaturia to a severe extent, but without any fever. At first he voided blood mixed with urine, and on the second day almost pure blood. He took *ars.* and *arn.* 3, and the hæmorrhage ceased. In this case I suspected that he was under the influence of Scarlatina poison, and that by some anomaly the kidneys had become very early affected with a kind of congestion, and this opinion I expressed to the parents. On the fourth day of his illness he became hot and flushed, and in a few hours the usual rash appeared on his chest. He had rather a severe attack, but took Apis only and recovered. At the end of a fortnight his urine became loaded with albumen and some blood globules. He had *ars.* and *arnica* when the renal affection subsided.

The nurse of these children now became affected with Scarlatina; she had an intense attack; the rash came out universally; the throat was severely affected. She took *apis* throughout her illness, with the exception of one

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day, on which I gave her *bell.* 3, to relieve her throat, but without any marked benefit. She has had a severe attack of renal anasarca, from which she has not as yet fully recovered. She has taken *ars.*, *apis*, *canth.*, *terebinth.*, but her legs are still much swollen, and there is much albumen in the urine.

A boy, aged 8, came under treatment about this time for renal anasarca consequent on Scarlatina. In this case *apis* 3 appeared to answer perfectly well. The boy was swollen throughout the body, from the face to the feet, urine highly charged with albumen. He recovered favourably.

About the same time I was requested to visit a little girl, aged 11, an only child. After an illness of a few hours, the rash of Scarlatina came out over her chest. She seemed much prostrated by the disease, and I apprehended a severe attack. Tinc. of *apis* 3 was given in drop doses every 3 hours. The next day the child was much better, sitting up and very cheerful. The rash did not appear on the body generally. The throat was scarcely at all affected, and she quickly recovered without any bad symptom, to the great joy of her parents.

An infant, aged 10 months, was very feverish, restless, and flushed on the face for two days, when Scarlatina made its appearance on the chest and back. She took *apis* 3 only, and the disease rapidly disappeared.

A little girl, aged 11, had been ill for a week with "Throat disease." This expression, as also "Throat fever," are the terms commonly used by poor people to convey what they mean in reference to the epidemic which has been so fatal here about. All, as far as I have observed, have been of the Scarlatinous type; I have not seen one case of pure Diphtheria. The child above mentioned was reduced to a state of great weakness, and when I arrived at the house I was informed that an infant was

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lying dead up stairs from the same disease. Of the infant the account I received was that it was suddenly seized whilst playing in its cradle with vomiting and purging, and in the course of 24 hours was a corpse. I examined the little girl's throat and noticed a few sloughy abrasions on the tonsils, gave *apis*, and there was immediate benefit. She had pretty well recovered, when a fortnight after she had a relapse from some unknown cause—again took *apis* with prompt relief.

I could not learn that the infant had had any rash, and I felt convinced that the scarlatinous poison had produced such an interior effect on the system as to extinguish life, before any vital reaction could take place. The following events have (with others which have come to my knowledge, or been related to me), convinced me of the truth of this opinion.

Very recently I was called to a poor woman suffering from "throat fever,"—on arriving at the close hovel in a fusty courtyard I found the patient in bed, speaking with that sort of voice which one hears in quinsy; she had been ill several days; was weak and pale, and unable to swallow except with extreme pain—at the foot of the bed was a baby in its coffin. I inquired the cause of death, and was told that it was the diarrhœa (!) By the side of the mother was a child two years of age, and this little one I was also informed had the *diarrhœa;* a bottle containing chalk mixture, tincture of Catechu, &c., was on the table, and this trash had been given by some ignorant "assistant" to the children. I looked at the child and found that it had scarlatina in its most malignant form: I gave *apis*, then *bel.*, then *lachesis*, but the glands of the throat swelled enormously and the child soon died.

The mother took *apis* with most marked and unmistakeable benefit, and in a few days was able to attend to her household affairs.

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APIS MELLIFICA IN SCARLATINA MALIGNA.

And here I would observe that I believe *apis* to be only of service in the eruptive stages of scarlatina: I have not seen any benefit result from its use, when the glands of the throat have begun to swell, or when the larynx has become much affected.

Before I conclude this hastily written paper, I will add a few more cases.

A boy, aged 10, was taken with the disease, and I was sent for immediately; he had scarlatina in a most intense form. Rash commenced on the surface, throat severely affected—*apis* only brought him well through.

A little girl, of the same family, aged 9, was then taken with a sore throat: for three days the left tonsil was much inflamed as in quinsy; on the fourth day, the rash came out universally. She, too, had *apis* only, and did well.

It has been thought that *belladonna* is a prophylactic against scarlatina.

My experience is equivocal. In a family of seven sons the eldest had scarlatina, and I at once gave *bel.* to the six younger sons, and not one of them took the disease.—Again, in a family of six children, when the disease had made its appearance amongst them, I gave *bell.* to those not affected, but without any advantage, as in the course of two or three weeks they were all laid down in succession, but all recovered. The epidemic here referred to yielded to *acon.*, *bel.* and *mercurius*.

But I have thought it right to put *apis* on its trial as a protective—thus far I can speak well of it, but truth to say my experience is not sufficiently extended to enable me to speak with any degree of certainty or dogmatism.

A youth, aged 13, (one of a family of seven children), is now recovering from a severe attack of scarlatina. He took *apis only*, and although the throat was severely attacked, there has not been the slightest tendency to *glandular* affection. I put the whole household under the

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influence of our medicine, and there has been no infection communicated—but then we are not yet out of the wood.*

I hope after a time to give some supplementary observations and results of treatment of scarlatina with *apis*. To half a dozen inquiries made by me amongst homœopathic physicians in the West, I have had replies that they have not used *apis* in the *eruptive stage* of scarlatina. I would venture to hope that the medicine will be put to the test most rigidly, and I am sanguine enough to think that in those epidemics of this frightful malady in which *belladonna* fails, the remedy I have mentioned will be found a most useful resource.

Finally, it might be alleged, nay, it has been alleged, that the fact of bee poison modifying the condition of the skin when injected by the sting of the insect affords no proof that as a medicine received into the stomach it can have active powers of any kind. But I cannot agree with this opinion. The history of *lachesis* and other animal poisons is quite conclusive in an opposite direction, and my clinical experience may also be taken for as much as it is worth.

A REPLY TO DR. HEWITT'S "THOUGHTS AND REFLECTIONS."

By Dr. Bayes.

Mr. Wilson has left my "Questions" unanswered. His apologist, Dr. Hewitt, in his well-written paper which appeared in your December number, has attempted to escape from a dilemma, by asserting that I shall find "the answers to them all" (the questions) "as well as to the

* Since the above was written, a little girl aged 3 years, of the same family, has passed through the disease in a highly favourable manner. How far the disease was modified in consequence of her taking bee poison during the week before her attack, it is impossible to speak with any degree of certainty.—*Dec. 12th*, 1863.

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whole of (my) paper, explicitly set forth in the *Organon.*" He forthwith severely censures me for my ignorance of the "*Organon*" and consequently of the Materia Medica.

Before attempting to reply to Dr. Hewitt's paper, we will first recur to the "Questions" themselves, in the hope that Mr. Wilson will offer some explanation on the points involved; or in the event of Mr. Wilson's finding it *inconvenient* to answer the questions, perhaps Dr. Hewitt will give us something more than a simple reference to the *Organon*, by designating the paragraphs which contain the answers I seek to obtain.

1stly. In the July number of the *Review*, Mr. Wilson published a case of *severe and complicated pneumonia*, treated by *lycopodium* 200 (Lehrmann's). In this case, Mr. Wilson ordered 5 *globules of the lycopod.* 200 *to be dissolved in an ordinary tumblerful of water, and one teaspoonful to be given every two hours, till the fan-like movement of the alæ nasi ceased.* (See page 427.)

2ndly. On page 422, Mr. Wilson tells us of a case of *acute dysentery*, in which he gave "*one dose of mercurius corrosiv.* 200 (*Lehrmann's*), *which was allowed to act, without interference, as Hahnemann recommends;*" and Mr. Wilson tells us that the patient recovered.

3rdly. On page 430, Mr. Wilson tells us of a case, of which Dr. Croserio writes, while speaking of *olfaction:* "*My own wife was cured by him* (Hahnemann) *in this manner, of a violent pleurisy, in the course of five hours.*"

Here we have three separate and different modes recommended for the administration of the medicines.

Will Mr. Wilson inform us whether we are to understand that Hahnemann recommended, and that subsequent experience has proved that these three methods are of equal value, and may be used indifferently?

Or are we to understand that Hahnemann recommended and that experience has proved that—

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DR. BAYES' REPLY TO DR. HEWITT.

1stly. ACUTE PNEUMONIA is to be treated by doses of medicine *repeated every two hours?*

2ndly. That ACUTE DYSENTERY is to be treated by *one single dose of medicine, not to be repeated?*

And 3rdly. That ACUTE PLEURISY is to be treated by *olfaction?*

And if so, will Mr. Wilson contribute Hahnemann's further recommendations, and the provings of experience, as to the appropriate modes of administration in other acute and chronic diseases?

And will Dr. Hewitt point out those passages in the *Organon* which bear on these points?

As regards Dr. Hewitt's "Thoughts and Reflections."

He attributes the "uncertainties" of practice to the "attempt to make pathology and physiology the basis of treatment," and all but brands me as an allopath, because I prefer to select the characteristic indications, in accordance with "physiological and pathological knowledge."

In this, as well as in many other parts of his "Thoughts and Reflections," Dr. Hewitt has unfairly distorted the scope of my paper, published in the October number of the *Review.* A reference to it will shew, that I stated that many men have abandoned allopathy on account of the *uncertainties* involved in its practice; that these same men have embraced homœopathy on account of its greater *certainty.* But I hold that the detail of Mr. Wilson's case shews us as great, if not a greater amount of *hesitation and uncertainty,* involved in the consideration of its treatment, than we have formerly met with among allopaths; and that this *hesitation and uncertainty* are very discouraging, if they are to be taken as a sample of the ordinary practice in vogue. For, in addition to the "*uncertainties*" referred to in my *three questions,* we see the following contradictions.

In the first place, Mr. Wilson heads his paper: "*Re-*

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marks on a Characteristic Indication for the Selection of Lycopodium."

This characteristic indication, he further tells us, "is the fan-like motion of the alæ nasi" (p. 424). In the November number of the *Review* (in page 686), he tells us that *he has steadily observed this particular symptom for twelve years, through a large experience.*

He had already told us, in speaking of this symptom (p. 426), that, "when clearly marked, no matter through what organ or tissue the symptoms of any attack of illness may manifest themselves, in children and young people," "the whole group of phenomena in such attacks will be found under *lycopodium.*"

He also speaks of the symptom as an "unerring characteristic" (p. 424). Yet, in spite of the possession of an "unerring characteristic," and of a medicine of whose power to produce, and hence to combat this characteristic symptom, he had had twelve years' large experience, we find Mr. Wilson noting for study eleven other remedies, and spending a considerable time on a search through their pathogenesy.

The contemplation of Mr. Wilson, giving way to a painful and time-wasting uncertainty, when he had avowed his appreciation of an "*unerring characteristic*" to *guide him*, and when he possessed a *medicine* which, through twelve years of large experience, *had never failed to meet and cure this "characteristic symptom,"* called forth my plaint, "Are we never to arrive at certainty in the practice of physic?"

Dr. Hewitt has made it appear as though I asked this question in reference to the present state of homœopathic practice, and again contents himself by referring me to the *Organon;* whereas my question is addressed to Mr. Wilson, as representing the high-dilutionist school, and

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was called forth by the *uncertainties* and apparent *contradictions* exhibited on almost every page of his detail, although he manifestly looks upon it as a *representative case.*

Dr. Hewitt, and the school he so ably represents, may content themselves with noting the *external symptoms of disease,* and from these may draw their "*characteristic indications;*" but it is a mere *surface homœopathy* after all, and though, by the unconscious use of their pathological knowledge, they may be saved from very grave errors, yet the simple reliance on external symptoms of resemblance between remedy and disease, must ever cause uncertain and vacillating action in the presence of acute and severe disease. Mr. Wilson's case gives a good illustration of this.

Allowing that the "totality of the symptoms" is to be our guide, are we to exclude the knowledge which pathology gives us? Are we to ignore physical signs?

We are called to see a dumb or an unintelligent patient; an infant or an idiot; or perhaps a delirious patient. How, unless we use our pathological knowledge, are we to know what is the matter with him? He breathes quickly; his pulse is rapid; he coughs and utters short cries. How are we to tell whether he has pneumonia, or pleurisy, or intercostal rheumatism (or in a woman, whether it is hysteria), or whether it is hepatitis, or pericarditis, or meningitis? How are we to distinguish, by external symptoms alone, the tract which is invaded by the disease? Particularly difficult, if not impossible, would be the diagnosis between many light diseases and their more acute similars; for instance, between intercostal rheumatism and pleurisy or pneumonia. Yet the treatment of all three differs.

On page 730, Dr. Hewitt accuses us of being "almost

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as allopathic as ever," because we desire to practise homœopathy in such a manner as to be able to use our pathological knowledge in the treatment of disease.

Seriously, I would ask Dr. Hewitt, and the school he represents, whether it is safer to treat a case of acute and complicated pneumonia by selecting the "fan-like movement of the alæ nasi" as our guide, and to judge of the patient's state by the movements of her *nose*, or to judge by a careful examination of pulse, tongue, and a stethoscopical examination of the changes taking place in the lung?

"*Fan-like motions of the alæ nasi*" are to be seen in a child after a good romp; they may be caused by any excitement; they may be caused by anything that quickens the respiration.

But *the stitch in the side, the distressing cough, the rusty sputa, the dulness on percussion, the absence of respiratory murmur, the bellows murmur, the crepitation,* cannot mislead us.

And, let me ask, is it *less homœopathic* to give *phosphorus* or *tartar emetic* (both of which will induce all these signs and symptoms) for the cure of pneumonia, than to give *lycopodium?*

It ought not to be from mere *fancied or external resemblances* that we should select the *homœopathic remedy*, but from those *pathological similarities* which shew a deeper and more subtle relation between disease and its remedy.

Highly esteeming the *Organon*, and acknowledging that our Materia Medica is our only safe therapeutical guide, I can neither agree to call the one the "Bible of homœopathy," nor to look on the two as the "Alpha and Omega" of homœopathy.

Homœopathy is a progressive science, our progress being towards the discovery of a more perfect accord between pathology and pathogenesy. Hahnemann, in his

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Organon, has pointed out to us a noble field for the exercise of our professional energies. I do not believe that he ever expected or desired a *servile imitation* from his disciples.

The question of the dose, for an answer to which, Dr. Hewitt also refers me to the *Organon*, still remains unsettled. I believe we can only arrive at any safe conclusion by a very careful comparison of facts.

In the abstract of cases taken from Dr. Tessier's work on Pneumonia, there will be found very many which were cured in a very much shorter time than was required for the cure of Mr. Wilson's case. Dr. Tessier's were veritable cases of acute pneumonia, as is evidenced by the carefully detailed stethoscopical signs. So also was Mr. Wilson's case, as evidenced also by the stethoscopical signs. But when we find high-dilutionists scorning pathology, we may well be excused for declining to accept their diagnosis as final—at least, until we know by what means it was arrived at—and may justly doubt whether Dr. Croserio's *wife's case* was one of *acute pleurisy*. It would be very unsafe, under any circumstances, to draw any deduction from one single case, and especially where it is related without any detail of signs and symptoms.

WANT OF UNIFORMITY IN THE DESIGNATION OF HOMŒOPATHIC ATTENUATIONS.

By W. E. Carryer.

Having during the last few months had considerable opportunities of observing the modes of preparation of the homœopathic remedies by various chemists in different parts of England, I have been much surprised at the want of unanimity on some points. The one which I wish more particularly to notice here, is the method of designation of the attenuations prepared on the two scales now

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DESIGNATION OF HOMŒOPATHIC ATTENUATIONS.

used by homœopathic chemists, viz., the decimal and centesimal.

As the merest tyro in homœopathic pharmacy is aware, the preparations on the former scale are diluted in the proportion of one in ten, and those on the latter, in the proportion of one in a hundred. The relative arithmetical progressions of the two scales are, respectively, in the same proportions as the squares of ten and one hundred increase. Therefore they progress at a widely different rate; but nevertheless are easily reducible from one to another, in the following manner.

Suppose one desires to find the equivalent of any given attenuation made on the centesimal scale, in the decimal. To obtain this result, multiply the number of the dilution by two, and the product is the relative preparation of the decimal scale; *e.g.*, required, the decimal equivalent of the 5th centesimal attenuation. The 5th centesimal

is the $^{2}/_{10}$th decimal.

The reverse process is nearly as simple, and consists in dividing the decimal number by two, and if this number be even, the result will of course be without surplus, and is the required centesimal equivalent; if the number be odd, however, there is no exact centesimal equivalent, but is an intermediate preparation. Examples:—

The 12th decimal is the 6th centesimal:

$$2 \overline{)\, 12} \quad 6$$

But the 15th decimal is intermediate between the 7th and 8th centesimal:

$$2 \overline{)\, 15} \quad 7{\cdot}1$$

Of course, when we speak of the attenuations on one scale being equivalent to those on another, we refer to

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quantitative equivalents; whether the therapeutic value is the same under both modes of preparation, is a point not yet settled.

Having thus given a slight sketch of the relations between the two scales, I will shew how a want of distinct and carefully practised nomenclature leads to an uncertainty with regard to the precise attenuation received at the hands of the pharmaceutist.

In the North of England, the distinctive decimal dilutions not being generally proceeded with farther than the fifth, they receive the signification of the three first letters of the alphabet, A, B, C, all attenuations with numbers affixed being supposed to be centesimal. In London and the more central portions of England, the chemists designate those preparations, worked on the decimal scale, by affixing an x, as 1x or 3/x, and so on. But in the Southern and Western counties it is the custom of some medical men and chemists to take for granted that all attenuations are decimals, and the ordinary numerals, 1, 2, 3, are used without any distinguishing mark.

Comparing the relative values of these three methods, the first claims the highest place for perspicuity and distinctness, as the letters cannot well be confounded with the numerals. But even this method is liable to misapprehension, either through ignorance or mistake. I once saw a prescription for an acute case of diphtheria for *bellad.* c, dispensed in London with *bell.* 100. And another gentleman, whose talents are deservedly acknowledged as a homœopathic writer, laboured under the impresson that the B attenuation differed only from the 3rd centesimal, in the fact, that the *first* dilution was made in the proportion of one part of the crude drug to nine of vehicle.

The second plan has the advantage of being able to be carried up to the highest attenuation, which of course

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cannot be done with the first, though in some prescriptions the x might be easily mistaken, or it might escape the dispenser's notice altogether, unless very plainly marked; but this a careful dispenser would pay particular attention to, therefore the fault would not lie in the method of nomenclature at all.

But with reference to the last of the three methods, or rather, the absence of method at all, though in the immediate connexions of the medical man or chemist little harm can result, yet, should the prescriptions of the former or the preparations of the latter be taken to another part of England, much confusion and error would ensue. I would not make these remarks with a view to disparagement, but I have observed that, in regard to these matters, local habits are so strong that the effect these customs may have in distant places is not calculated.

Having thus endeavoured to shew the importance of a distinct understanding on this subject, I leave the matter, trusting that this slight notice may lead practitioners and chemists to adopt steps by which much of the confusion in the designation of attenuations may be remedied.

THE INHALATION OF NITROGLYCERINE.*

By J. M. Merrick, Jun.

Various experiments have been made, by different observers, upon the action of nitroglycerine or glonoine upon the animal economy—the nitroglycerine, or its solution in alcohol, being administered by dropping it upon the tongue, the effects which have been noticed being generally acceleration of the pulse, headache, and prostration, and in peculiarly susceptible persons these symptoms greatly aggravated.

These experiments, though somewhat contradictory, are

* *American Journal of Science and Art*, Vol. xxxvi, No. 107.

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very interesting both from a chemical and a toxological point of view, but do not touch upon one matter, viz., the effects of the inhalation of the vapour of glonoine—a subject to which considerable interest must attach itself, when we consider the rapidity with which the symptoms develope themselves when only a fraction of a drop is placed on the tip of the tongue.

In preparing a quantity of nitroglycerine, in 1859, I met with an accident, the result of which exhibits in a very marked and satisfactory manner the toxical properties of this curious substance, and shows the necessity for extreme caution in handling it, especially when mixed with a volatile and inflammable solvent as alcohol or ether.

The nitroglycerine was prepared by allowing pure glycerine to drop from a pipette with a glass stopcock, so adjusted as to allow from fifteen to twenty drops to fall in a minute into a mixture of equal volumes of the strongest nitric and sulphuric acids, cooled by very cold water.

In repeated experiments I have found that, in spite of the precautions taken to cool the acids, it is impossible to avoid an accident now and then, since, when the action reaches a certain intensity, just as in the oxidation of uric acid or cotton, the experiment ends in an explosion or a violent evolution of nitrous fumes. When such a result occurs in making glonoine, the bystander seldom escapes a severe headache, even though the experiment be conducted in the open air.

After glycerine equal to half the bulk of the mixed acids had dropped in, the whole was thrown into a large volume of cold water, thoroughly washed, drawn off with a pipette, dissolved in ether, and the ethereal solution evaporated on a water-bath. It was in this part of the preparation that the accident occurred which enables me to speak of the consequences which follow the inhalation of the vapour. The glass dish in which the evaporation

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was being conducted, by some mishap tipped over, spilling half its contents on the hot copper bath, and in a moment the room was full of the mixed vapour of nitroglycerine and ether. Although I stood directly over the water-bath to adjust it, and must have inhaled a large volume of the mixed vapour, no instant bad result followed, but in less than fifteen minutes a headache set in, slight at first, but increasing in intensity by degrees, until in an hour and a half it became almost intolerable. It was accompanied by a good deal of faintness and exhaustion, intolerance of light, and a feeling of great general distress and alarm, in addition to the racking pain.

Relief was only obtained at length by the inhalation of a large quantity of ether, the insensibility produced by which was followed by broken and disturbed sleep, lasting until the following day, which was marked by weakness, exhaustion, and slight headache. These unpleasant symptoms did not finally disappear for three or four days.

It may be remarked that, during all the time that the severe pain and distress lasted, consciousness was never lost for an instant. In Mr. Field's case,* two drops of a solution containing only one drop of glonoine to ninety-nine of rectified spirit, produced loss of consciousness and other very alarming symptoms of narcotic poisoning.

The effects of glonoine upon different individuals are exceedingly different and contradictory. Two drops of a diluted solution containing only one drop of nitroglycerine in ninety-nine of alcohol produces alarming symptoms of poisoning in one person, while another swallows 200 drops of a similar solution with no other effects than a slightly "muddled" feeling in the head. I have experienced unpleasant feelings from tasting exceedingly minute quantities of pure nitroglycerine, such as headache, buzzing in the ears, with a feeling of nervousness and depression,

* Vide Braithwaite, *ret supra.*

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although the action of the drug does not seem to be nearly so powerful or so rapid as when it is given in the form of alcoholic solution. Pure nitroglycerine is volatile at ordinary temperatures—a fact which was accidentally discovered in drawing off with a mouth pipette some nitroglycerine which had just been washed with water. Headache and the usual symptoms immediately set in, though not a particle of the liquid touched my mouth or tongue.

The following experiment, which shows that some constitutions are susceptible to the action of one-fortieth of a drop of glonoine, was made with a solution of nitroglycerine containing two and a half drops of the pure substance to ninety-seven and a half of alcohol. The solution was dropped upon sugar, and the sugar allowed to dissolve on the tongue.

My general health being good, and my pulse being 79, about two hours and a half after a full meal I took one drop of the solution. In two minutes my pulse was 94, with dull, throbbing headache; in five minutes the pulse was 100, the headache changing from the back to the front of the head; in ten minutes the pulse was down to 88; and in fourteen minutes back to its nominal rate 79, although the headache did not wholly pass off for fifteen minutes more. It will be noticed that a quantity of the solution taken was equal to only one-fortieth of a drop of pure nitroglycerine.

CAN INERT MATTER ACT ON THE LIVING ORGANISM?

By Dr. Eadon.

Does a power to impress, modify or change that which has life, exist, in any form of dead or inert matter? Can a substance devoid of life, which is *action in essence*, regulate or control that which *has* inherent *life* or vitality?

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CAN INERT MATTER ACT ON THE LIVING ORGANISM?

Can a *dead* thing act on, and influence a *live* thing? Medical literature and practice, for the last two thousand years, declare that this is not only possible, but what invariably takes place when inert matter is brought into contact with that which is endowed with the properties of life. Is this notion correct? Is this TRUTH? A million of voices, from as many learned brains, cannot make it so, if it be not *a fact in nature.* The antiquity of an idea is no proof of its being in harmony with other discovered truth, because it happened to have gained the assent of every age. It may be difficult to turn aside the stream of Error when it has once formed for itself a channel broad and deep, and to make it flow into the sandy soil of Truth, where its waters may be absorbed, evaporated, and lost; yet the difficulty, real or apparent, should not debar from the attempt. The letterpress of error has often remained long *in case;* but, thank God! the Trinity which would bind the world in fetters and stereotype STAND-STILL-ISM for ever—IGNORANCE, PREJUDICE and IDLENESS—has failed in all time to obtain a universal adoration. At *that shrine* there has always been found some daring spirit, who neither would nor could bend the knee, and cry—*All hail! Truth we adore; here alone it is; and elsewhere, it is not to be found!* Had it not been for *devotees of this order*—republicans in the empire of thought—human nature long ago would have gained a fancied perfection, the Encyclopædia of Knowledge been bound, lettered and clasped as complete, and the world enjoyed its predicted Millennium. This, however, is not the case. Error lurks in every department of knowledge, and the ordinary forms of language tend, not a little, to give it the impress of Truth. A too easy acceptance of statements, without analysis and investigation, and especially when clothed in the garb of Anglo-Latin or Græco-English phraseology, is a condition of mind which leads

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to the transmission of Error from generation to generation. The forms of language are very deceptive; and, by the mere concatenation of elegant modes of expression, an enchantment is thrown around Error which often renders it very difficult to detect.

Has dead matter the power to act on living matter?—that is the question. We unhesitatingly answer, the thing is impossible, unless *life* and *death* are synonymous or convertible terms. If a man take a poisonous dose of arsenic, is it the arsenic which acts on the living organs, or is it the organism which acts on the arsenic? The question is plainly put; what is the answer? It is time this point was settled, for "thereby hangs a tale." The medical world says that the dead substance acts on the living substance; we, with due deference to the conglomerated medical wisdom of ages, humbly wish to maintain that it is the living organism which acts, or rather, which re-acts, on the inert or dead arsenic. Put a blister, for example, on the body of a man in full health, and what is the result? An intense efflorescence of the skin, and something more, in a very short time. Put a similar blister on a person who, from long illness, is possessed of a much smaller amount of the life-power, and what happens in this case? In common parlance, "the blister hardly draws." Next, put the blister on the dead man, and there is no effect produced whatever. If the power is *in* the blister, why does it not produce a like result in all the three conditions? The answer is plain. Where there was most life, the reaction of the living organism against the dead matter was *the greatest;* where the life-power had become diminished, a less form of reaction was manifested; and when life was gone, the dead thing was powerless to impress. Is not the inference logical, that dead or inert matter, whether in the form of drugs or of aliments, does not and cannot produce an

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impression on a thing endowed with life; but that, on the contrary, it is the living organism which, under all conditions, either acts *on*, or re-acts against the dead substance, which, if in harmony with the physiological laws, it assimilates and converts into its own tissues, and which, if of a poisonous or unassimilable nature, it completely rejects; or, when that is impossible, dies, or expends its living energy in the attempt. Well then, it is clear that *dead* matter cannot act on *living* matter; but, that it is *living* matter which influences or re-acts on *dead* matter; to *cure* the body of its ailments when suffering from a condition similar to that which the organism is re-acting against; to *expel*, and to *cast out* of the system, as a body, foreign to its nature, when acting on the system, in a state of brilliant health.

What is disease? Is it an entity, a something foreign to the living organism acting from without, or is it the organic and spiritual conformation in an abnormal condition? The causes of disease (whatever disease may turn out to be) and disease itself must not be confounded. The one is an effect of which the other is a cause. To blend the two in our conception of things is not only unphilosophical but ridiculous; and yet in medical writings this is constantly being done. If disease is a *something* distinct from the organism—a sort of ghost or goblin, fiend or demon, imp or sprite, spook or spirit—then the present foundation of medical science is firm and sure; but if, on the other hand, it should turn out to be merely the spiritual and material organization of man in a state of disturbance in reference to these normal relationships, then medicine, as a science, is rotten to its very core. One of these views must be correct. If we turn over the pages of medical literature, the former seems to be the view generally entertained; the latter, scarcely ever. Disease is not only considered by many writers as a

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distinct and independent entity, but endowed with marvellous powers of instinct and locomotion. At one time it is made to *ordain itself laws* and *to limit its line of action:* now to pop down on *this organ* and then to send its desolating influences over *that;* to decimate the vitality of a *third,* and to play all sorts of gambols with a *fourth;* and, when it once *gets a foothold in the system,* such unlimited power does this sprite possess, that it grins jestingly, bids defiance to the whole armamentaria of the apothecary's shop, puts its arms akimbo, and gives Old Bolus a world of trouble.

This is no caricature, for the whole of medical science —so called—is more or less full of this kind of arrant nonsense. Dr. Bigelow may be taken as a sample of other medical authors. "By a self-limited disease I would be understood to express one which receives *limit from its own nature!*" (it seems this imp can map out its own sphere of action wherein to play off its antics) "and not from foreign influence (the power to do so being inherent and not derivable from any external source whatever)"; "one, which after it has obtained a foothold in the system" (it has now got the power of locomotion clearly enough) "cannot, in the present state of our knowledge be eradicated" (there must be a thing, an entity to root out, to be pulled up before eradication can take place). This is learned trash — "incoherent expressions of incoherent ideas." The causes of an abnormal condition of the system may be, and often are, external to the organism; but it is absurd, in the highest degree, to consider disease itself any thing BUT THE LIVING MACHINERY MOVING ALONG IN AN INHARMONIOUS MANNER—the organism, spiritual, or material, or both, in a state of unnatural action, and endeavouring to adjust itself by the expulsion of the causes of disease, in the forms of miasms or impurities imported from without, or from the accumulation

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of effete matter, generated from within. The fact is, what is called disease, is not *a something, an anything,* independent of the organism. There is not a thing called disease, and the organism besides. Disease and the organism are one and the same: for disease is no other than the organism in the act of extruding from the system that which interferes with its physiological integrity. It is an effort of self-purification; the human spirit, in fact, striving to restore the balance of the dynamic, sanguineous and nervous circulations through its only medium of action—the intervening odylic atmosphere—the connecting link between the material and spiritual organizations. The *causes of disease,* whether their origin has taken place from *within* or from *without,* have been most unaccountably mixed up, and confounded with, the reaction put forth by the organism to expel impurities abnormal to its healthy working—which alone constitutes disease. Disease, and a false action of the organism, material or spiritual, or both, are *one and the same thing.* Disease is not a thing to be *overcome,* hunted down or driven out, but abnormal vital action to be regulated and controlled in conformity with law, pathologic and physiological. To bring about this desirable condition, we ought to balance the circulation, regulate the temperature, promote external depuration, remove congestion, overcome obstruction by the administration of medicines, which, upon the healthy body, cause corresponding reactions in the system; aided, at the same time, by those powerful, because physiologically natural agents,—light, air, temperature, water, food, sleep, clothing, exercise, rest, bathing, and judicious passional influences. Disease, then, is the effort put forth by the living organism to right itself. Whatever form of self-adjustment the body takes, whether that of fever, or diarrhœa, or what not, THAT EFFORT CONSTITUTES THE DISEASE, and it is THIS EFFORT which a medical man has

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to regulate, and this alone. If he stop the effort, in all probability the patient falls a sacrifice.

Since poisons, or medicines, do not, in a state of health, act *on the body* but the living body *acts on them*, it follows that the smaller the quantity given the less vital power will be expended in resistance. If, on the other hand, a medicine is given to a sick man, whose chief characteristics are similar to those which the living organism of the man manifests in its efforts to expel the causes of disease—whether external or internal—which have called out this vital struggle, then the dose, *highly dynamized*, should be in proportion to the effort manifested by the system to rid itself of an enemy. The medicines and the hygienic means made use of, must be to aid nature's own efforts, and not to thwart her. If the medicines given produce on the healthy a condition pathologic and symptomatic LIKE that under which the patient suffers, the drug-force having a greater affinity for the natural disease-producing-force, than this latter force has for the physiological tissues of the body, the former absorbs or neutralizes the latter, and the organism is left to resume its natural action unmolested by foreign interference.

Under any circumstances, whether the body be in a healthy or a morbid condition, it is absurd to give large doses of medicines. What the body cannot assimilate, is poison to it. Even in disease, every particle of medicine given beyond what is required to absorb or annihilate the morbific atoms—the causes of the disease—becomes so much poison, although given on the law of similia similibus.

The hygienic treatment of disease is to expel from the body every atom of effete matter, so that the system can perform its functions without the slightest impediment. Homœopathy, in its highest phases (small doses and highly dynamized drugs), can go hand in hand with physiological medicine—hygiene in all its health-giving forms.

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The two together can look blue cholera in the face, bid defiance to fever, stand without a care beside the bed of the Egyptian disease—diphtheria—and almost laugh to scorn all its prognosticated sequelæ, whether a paralysis of the soft palate, an indescribable weakness in the limbs, impaired vision, anæsthesia or strabismus. Rational homœopathy and physiological medicine, and the use of the imponderabilia—since man is a condensation of gas and vapour—are the most powerfully recuperative agents towards a restoration to health, whatever the disease may be.

It is high time that sounder principles should obtain in respect of medical matters. It is too late in the civilization of the world that a medical cat should be let loose to chase up and down the human body, the mouse called disease: that *dead* matter should be thought to act on *living* matter, instead of the *latter* on the *former;* that there should be a principle called the *vis medicatrix naturæ*, different from the action of the living spirit on the body through its only medium, the odylic fluid; and finally, that the whole armamentaria of hygeo-therapeutics should be looked down upon as of SECONDARY CONSIDERATION, instead of its taking a foremost rank in the treatment of all kinds of diseased conditions. The medical science of the next quarter of a century will be a much more elegant, delicate and refined than that of the present day. Time will work wonders in uprooting the present material notions of the medical schools; and then homœopathy will have that homage which now is its due.

SCABIES.

A CORRESPONDENT wishes to learn, through the pages of the *Review*, the experience of any of our colleagues in the treatment of itch, *by homœopathic remedies alone, internally administered,* "as set forth in vol. v of Hahnemann's *Chronic Diseases.*"

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LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

Resolutions in reference to Dr. NEWMAN'S *Circular, agreed to by the Liverpool Homœopathic Medico-Chirurgical Society at their Meeting, December 2nd,* 1863.

I. We acknowledge the right of subscribers to have the treatment of their institution conducted according to the principle for which they have established their institution, so far as that principle can be defined, just as the subscribers to special hospitals, *e.g.*, Eye and Ear, have a right to expect that their funds should be applied to the purposes for which they were intended.

II. It is acknowledged by all, that in homœopathic practice certain other expedients are necessary, such as surgery, &c., and that the boundary between these respectively has never been clearly drawn.

III. The appeal to the letter of Hahnemann's *Organon*, as defining the limits of homœopathy, is natural, and commends itself to every mind. But we are compelled to reject that appeal, because, though the glory of the discovery of the homœopathic law belongs to Hahnemann, the application of it must be left to be worked out by physicians independently of his authority, according to the ordinary laws of science.

IV. We think, therefore, that the true plan for the non-medical governing body of any homœopathic medical institution to follow, is to accept any physician who confesses the truth of the homœopathic law, and makes it the basis of his practice to the best of his ability.

NOTE.—We commend to other bodies the course pursued by the original Committee of the Liverpool Homœopathic Dispensary, who have advisedly left out the word "homœopathic" in the trust-deed of the Dispensary, in

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order to avoid legal or technical difficulties which might in after time arise.

As to Dr. Newman's question: "Is the treatment of itch by *sulphur* ointment of the London pharmacopœia as an external application, and *sulphur* 3 internally, pure homœopathic treatment?"

We consider the treatment used to have been proper in the case.

As to his second question: "Is the treatment of cancer by Dr. Fell's method of using caustics, &c., and giving *hydrastis* internally, pure homœopathic treatment, and ought such treatment to be allowed in a homœopathic hospital?"

We consider it allowable to try the effect of caustics or other surgical methods in cancer, along with internal treatment.

We consider it also allowable to use empirically an improved medicine, such as *hydrastis*, in default of other remedies.

As to his third question:—"Are globules curative in the treatment of acute and chronic diseases? and ought a person who repudiates them to be considered a *bonâ fide* homœopathist?"

With respect to globules, we consider that they are large enough to contain an ordinary infinitesimal dose, but it is plain that the form of the dose must depend on the convenience of the prescriber.

As to the fourth question: "Are the topical application of *chlorate of potash*, ten grains to the ounce, or used as a gargle, and the administration of *proto-iodide of mercury* $^1/_{100}$ at the same time, pure homœopathic treatment?"

We consider it allowable to try such alternation. This, indeed, belongs to the question of "alternation of medicines."

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REVIEWS.

The Diseases of Dogs, and their Homœopathic Treatment. By James Moore, M.R.C.V.S., Author of *Outlines of Veterinary Homœopathy*, &c. London: Simpkin, Marshall & Co., Stationers'-hall-court. Pp. 320.

Mr. Moore takes for his motto Byron's epitaph on his Newfoundland dog:—

> "The poor dog! in life the firmest friend,
> The first to welcome, foremost to defend;
> Whose honest heart is still his master's own,
> Who labours, fights, lives, breathes for him alone."

In those lines, so truthfully descriptive, all is said that need be said, as a reason for caring for the health of the faithful animal.

Mr. Moore tells us that the work before us is "the fruit of many years' experience;" and judging from the author's high reputation as a veterinary surgeon, we believe that no one could bring to the task a larger amount of fitness and preparedness. Taking it as a whole, we cannot help saying that, in our opinion, this is the best and most carefully worked out compendium of practice yet published by Mr. Moore.

In one sense, our author has well fulfilled the injunction of Virgil—

> "Nec tibi cura canum fuerit postrema;"

for, although it is his latest work, it is not the least important or valuable.

Annals of the British Homœopathic Society and the London Homœopathic Hospital. No. XIV, December 1863. London: Leath & Co., 5, St. Paul's-churchyard.

We rejoice to find that the British Homœopathic Society has awakened to new life and vigour. The number of its members is increasing; the meetings are full of interest; and in the papers recently read before the Society, we cannot help noticing a decidedly improved character, and

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an impressive indication of careful study. That this change is, in a great measure, owing to the future destiny of the essays, we have no doubt. It was, therefore, a happy thought to commence the quarterly issue of the *Annals;* but it was also a fortunate help towards success, that the supervision of the work should fall to the lot of the talented secretary of the Society.

The present number contains some very interesting matter: papers by Drs. Ozanne and Ransford, with a report of the discussions arising out of them; Dr. Meyer's "Retrospect of 1862," translated from the *Allgemeine Homœöpathische Zeitung;* some unpublished letters of Hahnemann, and lectures and cases by Dr. Russell, Mr. Yeldham, and Dr. Drury.

The Philosophy of Homœopathy. By WILLIAM MORGAN, M.D. London: Longman, Green & Co., Paternoster-row. Pp. 40.

THE *Philosophy of Homœopathy* was recently brought before the public in the form of a lecture; and we are glad that the author has determined to give it further publicity through the press. In his preface, Dr. Morgan tells us that "the object of the lecture is to bring within a readable compass, expressed in the clearest terms which technical science will admit, the principles upon which the theory and practice of homœopathy are founded." The author has well carried out his object; and the *Philosophy of Homœopathy* is a clear compendium of our science,—readable, intelligible, and convincing.

Science and Empiricism; or, Homœopathic Principles and Allopathic Practice. By CHARLES P. COLLINS, M.R.C.S. Eng. London: H. Turner & Co., 77, Fleet-street, &c.

WE have perused Mr. Collins' pamphlet with great pleasure. It is written in excellent taste, and its arguments

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are well put. The writer's object, he tells us, is "to obtain a favourable hearing for homœopathy on the part of those who have never heard of the system but in terms of ridicule and opprobrium." We hope that his object will be largely accomplished.

NEW YORK MEDICAL COLLEGE FOR WOMEN,

IN NEW YORK CITY.

Prospectus and Announcement for 1863-4.

In answer to the prayer of petitioners, the Legislature of the State of New York, at its last Session, enacted the following:

AN ACT TO INCORPORATE THE NEW YORK MEDICAL COLLEGE FOR WOMEN.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Maria Louisa Ewen, Nancy Fish, Maria L. Oscanyan, Elizabeth S. S. Eaton, Martha A. Elliott, Augusta T. C. Niven, A. Ensign Newman, of New York City; Matilda C. Perry, of Albany City, Maria S. Connolly, of New York City; Elizabeth Ransom, of Fort Hamilton, N. Y., Mary Ward, Sarah Ann Martin, Elvina A. Lane, Sarah A. King, Laura M. Ward, Anna C. Van Ness, Georgianna Gray, Frances S. Rugg, Mary A. Camerden, Harriet P. R. White, Catherine Buckley, Eliza A. King, Sarah Andrews, of New York City, Marie A. M. Fowle, of Brooklyn, N. Y., Lydia E. Rushby, Mary F. James, Charlotte Fowler Wells, Margaret Austin, of New York City, and S. S. Nivison, of Tompkins County, N. Y., and their associates, are hereby constituted a body corporate, by the name of the "New York Medical College for Women," to be located in the City of New York, for the purpose of instruction in the department of learning and medical science professed and taught by said College.

Section 2. The said corporation may hold and possess real and personal estate to the amount of one hundred thousand dollars, and the funds or property thereof shall not be used for any other purpose than that declared in the preceding section. The said corporation may also hold such collections of books,

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NEW YORK MEDICAL COLLEGE FOR WOMEN.

and of the productions of nature and of art, as it may need for purposes of medical and clinical instruction.

SECTION 3. The persons severally named in the first section of this act, are hereby appointed trustees of the said corporation, with power to fill any vacancy in their board.

SECTION 4. The trustees, for the time being, shall have power to grant and confer the degree of doctor of medicine upon any person of the age of twenty-one years, of good moral character, upon the recommendation of the board of professors, who shall be appointed by the trustees of said College; but no person shall receive a diploma, conferring such degree, unless said person have pursued the study of medical science for at least three years, after the age of sixteen, with some physician or surgeon, duly authorized by law to practise in the profession, and shall also, after that age, have attended two complete courses of all the lectures delivered in some incorporated medical college; the last of which courses shall have been delivered by the professors of said College.

SECTION 5. The said College shall be subject to the visitation of the regents of the University, and shall annually report to them.

SECTION 6. The corporation hereby created shall possess the powers, and be subject to the provisions and liabilities of title three, of chapter eighteen, of the first part of the Revised Statutes.

SECTION 7. The Legislature may at any time alter, modify, or repeal this act.

SECTION 8. This act shall take effect immediately.

[CHAPTER 123—*Passed April* 14, 1863.

STATE OF NEW YORK,
Office of the Secretary of State.

I have compared the preceding with the original law on file in this office, and do hereby certify that the same is a correct transcript therefrom and of the whole of said original law.

Given under my hand and seal of office, at the City of Albany, this 18th day of April, in the year one thousand eight hundred and sixty-three.

[SEAL.] J. WESLEY SMITH, *Deputy Secretary of State.*

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NEW YORK MEDICAL COLLEGE FOR WOMEN.

The Incorporators having been duly convened, organized by appointing the following Officers, and electing the accompanying Faculty of Medicine:

President of the Board.—Mrs. MARIA L. EWEN, 33 W. 20th-street, New York.

Vice-Presidents.—Mrs. MARY WARD, Newark, N. J.; Mrs. LAURA M. WARD, 157 Adams-street, Brooklyn, L. I.; Mrs. C. F. WELLS, 308 Broadway, New York.

Recording Secretary.—Mrs. ELIZ. CADY STANTON, 75 W. 45th-street, New York.

Corresponding Secretary.—Mrs. MARIA L. OSCANYAN, 37 Lafayette-place, New York.

Treasurer.—Miss LYDIA E. RUSHBY, 112 W. 23rd-street, New York.

Librarian.—Miss MARIE A. M. FOWLE, 229 W. 34th-street, New York.

Executive Committee.—Mrs. CHARLOTTE F. WELLS, 308 Broadway, New York; Mrs. A. ENSIGN NEWMAN, 80 Macdougal-street, New York; Mrs. SARAH A. KING, 95 W. 10th-street, New York; Mrs. ELVINA A. LANE, 84 Fourth Avenue, New York; Mrs. LAURA M. WARD, 157 Adams-street, Brooklyn, L. I.

Faculty of Medicine.—Mrs. CLEMENCE S. LOZIER, M.D., Professor of Diseases of Women and Children, and President of the College; Mrs. LYDIA F. FOWLER, M.D., Professor of Pathology, Principles and Practice of Medicine; Mrs. SARAH M. ELLIS, M.D., Professor of Anatomy; Mrs. HULDAH ALLEN, M.D., Professor of Physiology and Hygiene; ISAAC M. WARD, A.M., M.D., Professor of Obstetrics and Medical Jurisprudence; Dr. KIRBY, Professor of Clinical and Operative Surgery; EDWARD P. FOWLER, M.D., Professor of Materia Medica and Diseases of the Chest; A. W. LOZIER, A.M., M.D., Professor of Chemistry and Toxicology.

Advisory Council.—Prof. THEO. W. DWIGHT, Columbia College Law School, N. Y.; Rev. J. P. NEWMAN, New York; Rev. H. B. ELLIOTT, New York; Rev. DUNCAN C. NIVEN, New York; HORACE DRESSER, LL.D., New York; Hon. RICHARD B. CONNOLLY, New York; Hon. VINCENT C. KING, New York; Gen. JESSE C. SMITH, Brooklyn, N. Y.

The Corporators hove been stimulated in their efforts to carry out the beneficent intentions of the projectors of this Institution, by the conviction that the sufferings of women, from the derangements peculiar to their organization, are liable to be misunderstood, on account of the relation usually existing between the

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NEW YORK MEDICAL COLLEGE FOR WOMEN.

patient and the physician, which does not permit that thorough investigation of symptoms essential to their proper treatment; and that this evil, connected with the employment of physicians of the opposite sex, in the treatment of the diseases of women, will continue to exist so long as purity and delicacy shall be recognized as the crowning excellencies of the female character.

Recognizing the fact that there exists in society an imperative demand for female physicians, and a growing conviction that women should be educated to meet it, the Legislature has granted a special charter for a College, in which women desirous of entering the profession, but excluded from the existing Schools of Medicine, may receive instruction in all the branches of Medical Science.

The Trustees would announce that they have selected a Faculty embracing a number of individuals who have been teachers for years, and some of whom have occupied positions in other Medical Colleges. They are all abundantly qualified for their respective chairs, and justify the assurance that the cause of the Institution and of humanity, as well as the interests of the students, will be efficiently promoted under their instruction.

Although this will be the opening year of the College, applicants for admission are assured that ample arrangements will be made to afford them every facility for a thorough scientific course of instruction in all the branches of Medical Science. The Lectures and Demonstrations will be illustrated by means of Preparations, Models, Drawings, and Microscopic and Chemical Apparatus, etc.

Public and Private Clinics, affording superior facilities for the practical instruction of students, will be connected with this College; and, when sufficient funds shall be donated, a Hospital for the treatment of women will be established. A Department of Hygiene and Popular Lectures for the personal benefit of those who do not desire to become physicians, will also be an important feature of this Institution.

In short, the College occupies, under the laws of the State, a position equal to that of any Medical College, and enjoys equal protection and facilities with other similar Institutions. It will be wholly unsectarian, and no effort will be spared to earn for it a position of scientific value, second to none in the world.

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DISPENSARY REPORT.

COLLEGE TERMS AND FEES.

The first term will begin October 19th, 1863, and close February 18th, 1864.

Fees for full course of Lectures	$100 00
Matriculation	5 00
Demonstrator's Ticket	5 00
Graduation	20 00
Graduates of other Colleges—Graduation .	30 00

Needful deductions of Fees may be made in special cases.

All business communications respecting the College may be addressed to Mrs. MARIA L. OSCANYAN, Corresponding Secretary, 37 Lafayette-place, New York.

DISPENSARY REPORT.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. DRYSDALE.
Consulting Surgeons—JOHN MOORE, Esq., and Dr. ROCHE.
Consulting Physician for Cheshire—Dr. WRIGHT.
Physician—Dr. BLUMBERG.
Surgeons—Dr. HAYWARD, T. H. WILLANS, Esq., and E. L. HUDSON, Esq.
Honorary Dentist—H. C. QUINBY, Esq.
House Surgeon—F. J. TUCKER, Esq.
Non-Resident Stipendiary Physician—Dr. SIMMONS.
Chemists—Messrs. THOMPSON & CAPPER.

The number of patients prescribed for at this Institution during the month of October was as follows:—

New patients	541
Old „	1821
Total	2362
The number of visits paid	281
The number of new patients visited	42
Total	2685

The number of patients prescribed for at this Institution during the month of November was as follows:—

New patients	615
Old „	1838
Total	2453
The number of visits paid (old)	238
The number of new patients visited	58
Total	2749

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THE MONTHLY
HOMŒOPATHIC REVIEW.

THE BLISS OF IGNORANCE.

Dr. David Nelson is Professor of Clinical Medicine, Queen's College, Birmingham: and, he having delivered a lecture "On the Action of Medicines," Messrs. Braithwaite of Leeds have thought it worthy of a place in their *Retrospect*.*

There is so little that is good, so little that rises beyond common-place in Dr. Nelson's lecture, that we cannot help arriving at the conclusion, that the Drs. Braithwaite have picked it up and saved it, merely for the sake of the following "fling" at the doctrine and practice of homœopathy. That the attack is marked by the most consummate ignorance of the system which he chooses to abuse, hundreds of the better educated among his allopathic colleagues must know; but, judging from the stupid display which W. Braithwaite made, in *his* attack on homœopathy, in 1859, we believe that the editors of the *Retrospect of Medicine* have quoted Dr. Nelson's lecture, only because of its attack on homœopathy, and for no other reason. They must have seen that it was abusive and venomous; but—fair play—we do not accuse them of knowing that Dr. Nelson's arguments were false—his data false—his conclusions false; we do not believe the Drs. Braithwaite

* Vol. xlviii, July to December, 1863.

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knew this. They are probably as ignorant of homœopathy as Dr. Nelson himself.

Speaking of the heterologous class of medicinal agents, Dr. Nelson shews that they act either as direct neutralizers, as excitors or adjuvants of morbid action, or as specifics. It is under the second class that he finds a chance of demolishing homœopathy; and thus he accomplishes it:—

"In the class of *excitors* or *adjuvants of morbid action*, we have an illustration of that one kind of medical procedure on which is founded the absurd dogma of 'like cures like,' with us a limited truth, contained within the narrow compass of this one occasional line of treatment; but which, by a visionary sect, has been attempted to be set up as a universal principle in therapeutics, in the same manner as other purblind and enthusiastic panaceists have attempted to set up water, cod oil, electricity, and hot air. Each of these things have their uses, as we know, within certain bounds, and all rational physicians have so employed them; but the laudation of any one of them as a panacea, is simply an absurdity that can only be professed by rapacious rogues, and credited by the foolish and ignorant in matters medical. The sole ground-work of the phrase 'like cures like' is evidently, then, this partial medical truth, and its natural operation is what one may call primary reaction, or that effort by which the constitution endeavours of itself to cast forth, as speedily as possible, whatever hurtful agent may have entered the system. Such primary and spontaneous reaction may assume the shape of vomiting, or purging, or sweating, or extraordinary micturition, or the explosion of eruptions, or boils upon the surface, or all combined, or in succession. Under such circumstances, we may certainly increase the reactionary symptoms with great benefit to the patient; especially if the efforts at expulsion be somewhat ineffectual. If the vomiting arise from offensive matters in the stomach, our readiest cure clearly consists in an emetic; if the purging proceed from a similar cause in the intestines, our reliance is a brisk purgative; if the reaction be towards sweating, expectoration, or diuresis, we pro-

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mote the flow of the respective excretions, and, if there be a tendency to cutaneous eruptions, or boils, we may give tonics, and thereby apparently increase the disorder by forcing out all latent morbid matters.

"So far all is consistent with experience and common sense; but what would be said of him who, acting under the ordinary dry rule of *similia similibus curantur*, should exhibit an emetic during the vomitings of cerebral disease or pregnancy, a purgative in ulceration of the bowels, a sudorific in the sweatings of phthisis, or a diuretic in diabetes? The question had better not be answered; for the answer would be a very rough one, in keeping with the roughness of such practice."

What, indeed, *would* be said of him who adopted such a line of practice? But who does act thus absurdly and murderously? Does the homœopathist practise in this way?

It is no use mincing matters: Dr. Nelson wishes his readers to understand and believe, that he who adopts *similia similibus curantur* as his rule, *must*, to be consistent, "give an emetic during the vomitings of cerebral disease or pregnancy, a purgative in ulceration of the bowels, a sudorific in the sweatings of phthisis, or a diuretic in diabetes."

Is Dr. Nelson really so ignorant of the principles and practice of homœopathy, as to have fallen into this great error, and thus to have raised, inadvertently, an unjust slander against his brethren?

One may do as much harm to a neighbour's reputation by asking a question, as by making a plain, deliberate statement; and Dr. Nelson's question is certainly calculated to injure homœopathy, in the opinion of those who are not conversant with its principles and practice.

Is Dr. Nelson really ignorant of homœopathic practice, of its Materia Medica, and its posology? If he is, shame upon him—Professor of Clinical Medicine in Queen's

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College, Birmingham—who thus publicly abuses that which he does not understand. If he is *not* ignorant of homœopathy, more shame still be upon him who thus, in his capacity of a teacher, deliberately slanders his medical brethren.

Are emetics, or purgatives, or sudorifics, or diuretics, in the common acceptation of the terms, as employed by the allopathists, ever administered in homœopathic practice? Most assuredly not; otherwise, what is the meaning of the small dose of homœopathy? Why have homœopathists been laughed at and abused, because of their infinitesimal medicines? If they give emetics, and purgatives, and sudorifics, and diuretics, the followers of Hahnemann are as good, or as bad, as those who laugh at them; but as they do not give these things, the sneer at the malpraxis which is supposed to lead the homœopathist to administer them in the wrong place, and in unsuitable cases, miserably fails.

In charity, we will suppose that Dr. Nelson is only ignorant of homœopathic practice, and that he did not intend to bear false witness against his neighbour. He has, probably, heard or read that *ipecacuanha* is administered in affections accompanied by vomiting; and he jumps to the conclusion that the drug is given in *emetic* doses. Dr. Simpson of Edinbro', an allopath, told his class, on one occasion, that he had cured the obstinate vomiting of pregnancy—vomiting which had resisted all other remedies—by *ipecacuanha;* not, however, in *emetic doses,* but in the proportion of only one drop of the *ipecacuanha* wine. The homœopathic practitioner gives a much less quantity—the millionth or billionth of that drop—and with success. Does not Dr. Nelson *know* that such is the fact, as regards the dose, whatever it may be as to the success? Why, because *ipecacuanha* is, *in large doses,* an emetic, should the homœopathist be accused

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of treating vomiting by *emetics*, when he gives only the millionth of a grain of that drug? *Tartar-emetic* is, in large doses, emetic; and homœopathists give that drug, in some forms of vomiting—but not in *emetic doses*. Does not Dr. Nelson remember that Dr. Billing,* in his writings, remarks on the fact that tartar-emetic, in large doses, *causes* vomiting, and in small doses *stays* it? In small doses, let us remember, as distinguished from *emetic doses*. Does not Dr. Nelson know that Dr. Taylor, a high allopathic authority, in the *third volume of Guy's Hospital Reports*, notices the same fact? When Dr. Simpson gave one drop of *ipecacuanha* wine, to stay the vomiting of pregnancy, did he give an *emetic?* Certainly not. Nor does the homœopathist, when he treats vomiting by infinitesimal doses of *ipecacuanha* or *tartar-emetic*.

The homœopathist has as good an opportunity as his brother allopathist has, of making a correct diagnosis of the condition of the intestines in diarrhœa; and when he *treats* the patient with *corrosive sublimate*, or *arsenic*, or *colocynth*, or *gamboge*, he *does not administer purgatives*. He administers infinitesimal quantities of his remedy. Does not Dr. Nelson know something of the primary and secondary actions of medicines? Can he controvert Dr. Alfred Taylor's aphorism (*Guy's Hospital Reports*) "*that a medicine in a large dose is a poison, and a poison in a small dose is a medicine!*" Is not *vomiting* a result of the *poisonous* action of *ipecacuanha?* And may not its *medicinal* action be curative of similar vomiting, caused by some other morbid agent? And so of substances whose poisonous action results in purgation?

There are certain substances which, in considerable doses, produce sweating: in small doses, the homœopathist believes that they will prevent or remove that symptom. He, however, never gives what can be called a *sudorific;*

* *Principles of Medicine.*

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his doses are, purposely, made so small as to avoid that very effect. The allopathists occasionally stumble over facts which the homœopathist has developed, long before, by careful experiment. Thus, in the *Gazette Médicale de Lyon*, January 1861, there is an account of the successful administration of *Dover's powder*, in the sweating of *phthisis*. Dr. Semple reported upon this *quasi* discovery of M. Descamps, in the *Medico-Chirurgical Review* for the July following. The dose of Dover's powder administered was not sufficient to produce diaphoresis; and, although it was much larger than a homœopathic dose, it could not strictly be said that Descamps treated sweating by a sudorific, although he gave a substance which in large proportions would cause sweating in a healthy subject. He administered his medicine homœopathically; and knowing the notorious diaphoretic character of the drug, he was compelled to reduce his dose below that required for inducing sweating.

Dr. Nelson speaks of "like cures like" as being, with his school, a limited truth, contained within the narrow compass of the administration of excitors or adjuvants of morbid action. That is, it is confined to the employment of purgatives, emetics, sudorifics, and diuretics. By the labours of homœopathists, hundreds of remedies have been tested upon the healthy organism, and their pathogenetic effects carefully recorded. Were we allowed to quote such records, the truth of the homœopathic law of healing, and its universality, would be clearly proved. These "provings" are, with great unfairness, rejected by the majority of our opponents; but there still remain to us the accidental provings of the allopathic school. Let Dr. Nelson carefully and fairly compare the known pathogenetic effects of the leading specifics of his Materia Medica, with the symptoms of the diseases in which they are employed, and we do not fear the result. For example:—

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Dover's powder, in large doses, is a sudorific; yet, according to Dr. Semple, M. Descamps found it preventive of the sweating of phthisis.

Chlorate of potash causes a form of stomatitis in healthy persons; yet, according to Mr. Hutchinson, it is a specific remedy for stomatitis. (*Lancet*, March 13, 1858.)

Arsenic, in certain doses, acts on the skin and establishes a drug-disease so nearly allied to eczema, that it has been called *eczema arsenicale;* yet Erasmus Wilson and others recommend *arsenic* as the specific remedy for eczema.

Arsenic, in certain doses, produces in a previously healthy subject, symptoms resembling choleraic diarrhœa; Dr. Black of Chesterfield published in the *Lancet*, Oct. 3, 1857, some excellently written cases, shewing the curative power of *arsenic* in choleraic diarrhœa.

Ipecacuanha, it is well known, has the power of inducing a morbid condition analogous to that of spasmodic asthma; yet Marshall Hall, Pereira, and others, recommend it as a specific in that disease.

Ipecacuanha causes vomiting; Dr. Simpson, an opponent of homœopathy, confesses that he cured an obstinate case of vomiting of pregnancy by that drug.

Indian hemp renders its consumers mad; yet, according to the Report of the Commissioners in Lunacy, 1849, Drs. Sutherland and Conolly used it as a remedy for madness.

Tartar-emetic causes vomiting, and, in small doses, allays that condition. (Drs. Billing and Taylor.)

Tartar-emetic causes purging, and, in small doses, removes that condition. (Dr. A. Taylor, *Guy's Hospital Reports*, vol. iii.)

Tartar-emetic, according to Majendie, causes engorgement of the lungs, yet is a favourite remedy in that disease.

Iodine, according to Pereira and Christison, causes in-

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flammation of the liver; yet, according to the former, it is the best remedy for that morbid state.

Cubebs, according to Sir B. Brodie and the late Sir Astley Cooper, can produce in the urethra and bladder a specific inflammation of its own; yet it is curative in such conditions, arising from other causes.

Mercury.—Dr. Fletcher, in his *Elements of Pathology*, says: "The occasional effects of this mineral in producing laryngitis, iritis, ptyalism, and numerous other inflammations, and their consequences, are abundantly well known; and what remedy is so effectual in removing, as generally acknowledged, the two former, and, as not long ago proved by Duncan and others, the latter also. Nay, the effects of *mercury* in curing lues venerea are dependent, probably, upon its power, when no such disease exists, of producing one, if not identical with it, certainly very similar, in its specific effects upon the throat, skin, bones, and other organs, to the one in question."

Were we to pursue the subject to its limits, we should have to wade through the whole Materia Medica; for we firmly believe that it is capable of demonstration, that no drug exerts a true specific curative power unless it be truly homœopathic—that is, can set up in the healthy system, symptoms resembling the disease in which it is remedial.

If Dr. Nelson will do himself the justice to read the Introduction to the *Organon* of Hahnemann, he will there find a record of between forty and fifty well-known medicines, which have been used in the treatment of symptoms resembling those which they are able to set up in the healthy subject. For the facts laid down on this subject, Hahnemann quotes as his authorities the highest in the ranks of orthodox medicine.

We wish Dr. Nelson would study, and attempt to understand, the doctrine and practice of homœopathy. In his present attack, he has stultified himself sadly; and the

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Drs. Braithwaite, who, half-yearly, exhibit the products of their retrospective basket—*chiffoniers'* baskets are always retrospective—have managed to pick up a rag, dirtier and more worthless than might have been expected, considering that it was found in the neighbourhood of Queen's College, Birmingham.

OBSERVATIONS ON THE TREATMENT OF ACUTE INFLAMMATORY DISEASE.

By John Anderson, M.D., M.R.C.S.

(Continued from p. 22 of the previous number.)

II. *Belladonna.*—This valuable medicine is of the utmost service in all acute inflammatory conditions of the brain and its membranes. The provings of *belladonna* are very elaborate in reference to the sensorium, head, and fever generally. They fully accord with the well known symptoms of inflammatory brain disease, from simple congestion to the most acute and violent inflammatory condition. Note amongst other provings the following—Headache, especially in the forehead; continued and forcible dilatation of the whole brain; violent throbbing in the brain from before backwards, and towards both sides; headache, the sutures of the skull feel as if torn asunder; when stooping the blood rushes to the head; the head feels heavy and giddy; heat in the head; contraction of the pupils of the eyes; staring and sparkling, shining, glistening eyes; glowing redness of the face with violent inexpressible headache; inflammatory fever with furious delirium; pulse strong and quick, full and slow; frequent nausea and retching, vomiting; loss of consciousness, highest degree of stupor; frenzy with attempts at violence; tingling, humming, murmuring and roaring in the ears; sleeplessness. It is very interesting to observe

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the similarity of some of these provings with the symptoms of *belladonna* poisoning as given by Pereira, viz.—Delirium, extravagant, pleasing, or furious, followed by sopor; ringing in the ears; febrile symptoms followed by nausea, vomiting, headache, delirium and sopor; injection of the conjunctiva with bluish blood; protrusion of the eye with ardent and furious expression. Pereira remarks that *belladonna* exerts a marked specific action upon the brain and nervous system; Orfila says that it exerts a local action not very violent, and that it acts on the nervous system and particularly on the brain; Flourens asserts that its most characteristic action is upon the tubercula quadrigemina. The pathological anatomy of *belladonna* gives the following—in animals, the pia mater is slightly injected, congestion of the veins on the surface of the brain, redness of the tubercula quadrigemina and lobes of the brain; in man, excessive congestion of the vessels of the brain, which is red and in a state of putrefaction, accumulation of black fluid blood in the vessels of the dura mater, pia mater, and the substance of the brain. The special action of *belladonna* in inflammatory diseases is on the capillaries; these vessels being the primary seat of inflammatory action, as has been previously intimated; on this point Noack and Trinks remark: "What *aconite* is to inflammatory fevers in the feverish reaction excited in the arterial system, *belladonna* is to the inflammation itself in the inflammatory action of the capillaries."

It has been the writer's practice to give *belladonna* in the first and third decimal dilutions, most frequently the first, and very occasionally in the mother tincture; the dose has varied from one to two drops. He has had ample evidence of the value of this medicine sometimes alone, but oftener in alternation with *aconite* in the various forms and degrees of cerebral inflammation; and if any

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class of diseases requires prompt and vigorous treatment, it is the one now under consideration. A few hours only will make all the difference, the great point being if possible to subdue the inflammatory action in its earliest stages and before exudation or effusion occurs, when the foregoing medicines will be but of little avail and when the chances of recovery will be greatly diminished. No disease is perhaps more insidious than inflammation of the brain and its membranes; in a moment the symptoms may burst out with the greatest intensity, and even when some other malady is complained of, the writer has known violent inflammatory cerebral symptoms to set in without previous warning, defying all control, effusion rapidly taking place, and death speedily occurring. No practitioner can be otherwise than anxious when treating such cases as these, but the writer can fully testify to the superiority of the homœopathic treatment, and he entertains the conviction that the prompt and vigorous use of the remedies indicated will in the great majority of instances accomplish all that is desired. A few cases may be given very briefly in illustration.

Miss T—, æt. 19, a healthy, florid, plethoric young lady from the country; intense headache, no delirium, much fever and heat of skin, pulse strong and rapid, tongue furred; all the symptoms in fact of acute but simple meningitis. The case did well under *aconite* and *belladonna* in alternation of the first and third decimal dilutions according to the urgency of the symptoms; in nine days she was quite convalescent. The medicines were administered faithfully by a friend who had no faith in homœopathy, but who was much struck with their curative action.

Miss M., æt. 25, a strong, healthy young lady. Intense headache, which gradually increased; rapid pulse; furred

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tongue; great excitement. The cerebral symptoms were preceded by great depression of spirits, chilliness, and constipation. The case did well under *aconite* and *belladonna* in alternation, at first in the 3rd, afterwards in the 1st dilutions, which latter did by far the most good.

Master L., æt. 15. A severe case of meningitis, accompanied by furious delirium, very active pulse, and high inflammatory fever. He did well under *belladonna* in alternation with *aconite*, in the 1st and 3rd dilutions, frequently repeated. During convalescence he was seized with pneumonia, from which he completely recovered.

A gentleman of middle age was seized with acute inflammation of the brain and its membranes; the symptoms were of the most marked and violent character, the paroxysms of delirium were furious, and the accompanying fever intense in degree. *Aconite* and *belladonna* in alternation, in the 3rd dilution, had no effect; there was but little also from the 1st dilution; but with the mother tinctures relief was afforded, and the symptoms gradually abated.

The above cases were all of a comparatively simple character as regards the cerebral symptoms; but the following case, which occurred to the writer in the early stage of his homœopathic practice, painfully illustrates the insidious character of inflammatory brain disease. A young lady was suffering from comparatively slight symptoms of an ordinary gastric fever, the usual remedies were given, and she was almost convalescent, when suddenly, and without any previous warning, most violent cerebral symptoms set in, for which *belladonna* was at once administered; this was changed for *opium* by the former physician of the family, who was called in. No relief was afforded; the symptoms hourly increased in intensity; confidence in the treatment was lost; allopathic aid was

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sought; the patient was treated *secundem artem*, and very speedily died. This case made a very great impression on the writer's mind; and since that time he has had some ten or twelve such cases, the greater majority of which have done well by the timely administration of the appropriate medicines, especially *belladonna*. Shaving the head, cold local applications, and a carefully regulated diet, are all auxiliaries of the greatest importance; but, in the writer's experience, *belladonna* is the sheet-anchor, and *opium* is not to be relied on.

Belladonna is also very efficacious in inflammatory sore-throat, whether pure and simple, as in tonsillitis, or in their accompanying scarlet fever; to all which the provings fully testify, viz.: internal swelling of the throat; soreness of the throat when swallowing or spitting; sensation as of a lump which cannot be removed; inflammation of the tonsils, they suppurate in four days; impeded deglutition; painful contraction and narrowing of the fauces. It is not necessary to record special cases; they are of frequent occurrence, and always do well under *belladonna*, rarely if ever passing into the stage of suppuration. At the same time it may be remarked, *belladonna*, though a medicine of inestimable value in throat diseases, has its limitations. As far as the writer's experience goes, it is of no use in the diphtheritic sore-throat, nor in purely ulcerated sore-throat, nor in laryngitis.

Belladonna is also of the greatest value in acute inflammatory erysipelas of the head and face, and in phlegmonous erysipelas of the lower extremeties; note the provings in reference thereto, viz.: redness, inflammation and swelling of the whole skin; erysipelatous inflammation with swelling; red and swollen face with staring eyes; violent redness and heat in the face; glowing redness of the face with violent inexpressible headache; face very much swollen and hot. Erysipelas of the character

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just mentioned is a fearful disease, when the symptoms are severe. It was the writer's practice, in years past, to treat several such cases by puncturing the skin of the head and face with a lancet (a most painful operation, but one affording speedy relief), and by long superficial incisions in the skin of the lower extremities—a much less painful operation than the former, and one also affording speedy relief. These severe measures he has never had to use in homœopathic practice; *belladonna* in occasional alternation with *aconite* has effected a speedy and certain relief, thus enabling the lancet and the scalpel to be laid aside entirely. In the case of acute erysipelas of the head and face mentioned in page 21, the action of *belladonna* was most marked, and a cure was speedily accomplished.

III. *Bryonia.*—The curative action of this medicine is well marked in some forms of acute inflammatory rheumatism, but more especially in bronchitic and pleuritic inflammation. The provings under the heads of Larynx, Trachea and Chest fully justify its use in these latter diseases, viz.—Sensation when coughing as if the head and chest would fly to pieces; violent cough early in the morning when in bed, with expectoration of a quantity of mucus; scraping and painful cough with retching as if caused by roughness and dryness of the larynx; stitches in the region of the last rib or sternum; pressure in the head when coughing; burning pain in the right half of the chest; the breathing is shorter, the expirations are more hurried; oppression of the chest with desire to take a deep breath, with pain; laboured breathing; quick, anxious, almost impossible breathing owing to stitches in the chest, behind the scapulæ and muscles of the chest, impeding respiration. Its pathological anatomy gives—"Slightly reddened lungs, containing fluid blood; the lungs are reddish, crepitating but little, and containing a considerable quantity of blood. Orfila concludes from his

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experiments that the effects of *bryonia* may depend on the inflammation it produces, and the sympathetic irritation of the nervous system, rather than on its absorption. In experimenting on animals, he found after death the lungs crepitated but little, were of a reddish colour, and contained fluid blood.

Every homœopathic practitioner must have had ample experience of this valuable medicine, and it is scarcely necessary to cite individual cases in support of its curative action. In those cases which the writer has treated he has almost always used the third decimal dilution, rarely the first, and never the mother tincture; he has found its sphere of action to embrace acute rheumatic inflammation of the larger joints, inflammation of the pleura, and the acute and sub-acute inflammation of the larger bronchial tubes; he has not found it so useful in capillary bronchitis and suffocative catarrh, and only occasionally useful in broncho-pneumonia. *Bryonia* is also of great service in several forms of gastric fever, but this disease will have special consideration in the next paper.

IV. *Phosphorus.*—This medicine is almost limited in its use in inflammatory diseases to that frequent and often fatal form of lung disease, viz., pneumonia. The pathogenetic symptoms of *phosphorus* correspond in a great measure to the ordinary and well recognized symptoms of pneumonia generally. Note amongst others the following—Fatiguing cough with expectoration of tenacious mucus; continual cough with discharge of mucus and tensive pain in the chest; muco-sanguineous expectoration when coughing; loud and panting breathing; sensation as if the chest were oppressed by a load; oppression with chilliness and violent headache; tension and tightness in the chest with dryness; severe stitches in both sides of the chest, during motion and rest; stitches

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in the side, under the ribs; anguish and heat; fever with small, hard, quick pulse; fever with thickly coated tongue; hectic fever with dry heat towards evening. The pathological anatomy of *phosphorus* gives, in animals, "the lungs exhibited several blue spots, of a dense and slightly crepitating tissue, the remaining portions rose-coloured;" in man, "the lower lobes of the lungs felt solid, and were turgid with venous blood." Orfila says, in reference to his experiments on animals, "It is incontrovertible from these experiments that *phosphorus* divided by oil and introduced into the current of the circulation passes through the lungs, absorbs the oxygen of the air and passes into the state of phosphorus acid; probably there is formed likewise a small portion of phosphoric acid. The passage of these acids through the delicate vessels of the pulmonary organs produces an almost instantaneous inflammation of their substance; an inflammation which supposing the lungs continue their action, soon gives way to asphyxia and death." In connexion with these experiments, the very important question might be raised, how far would the administration of *phosphorus* by inhalation be of use in pneumonia? bearing in mind the minute anatomy of the lungs, the special part affected in pneumonic inflammation, and the peculiar vaporizing properties of *phosphorus*, there would seem to be strong presumptive evidence in favor of success attending its administration by inhalation. Several cases have occurred in the writer's practice fully proving the value of *phosphorus* in pneumonia. He has generally used it in alternation with *aconite*, and in the sixth or third decimal dilution; and he has found that caution was required in its administration, it being apt sometimes to produce much bronchial irritation. His experience would not lead him to depend very much upon its action in the broncho-pneumonia of children (except in the very earliest stage), nor indeed

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in any case where there was much clogging of the minute air tubes, leading to imperfect oxygenation of the blood, and the circulation of a partially venous blood most detrimental to health and life. The following cases may be briefly cited in illustration.

A lady of 70 years of age was suddenly seized with pneumonia of both lungs from exposure to cold in the early spring season. The symptoms were very severe, and the subsequent prostration very great; there were all the ordinary and well recognized stethoscopic signs; and so rapid and intense was the disease, that at one time scarcely any hopes were entertained of her recovery. At this critical juncture, by the express desire of a member of the family, a very eminent allopathic physician was called in, who confirmed the diagnosis, gave a most unfavourable prognosis, and subsequently expressed himself very much astonished at the recovery of the patient. In the earlier stages of the pneumonic inflammation, *phosphorus*, either alone or in occasional alternation with *aconite*, was chiefly relied on; whilst in the subsequent stages, *nux*, *china*, and *arsenicum* were administered. The case was a long and deeply anxious one, the visits to and fro involving a distance of nearly eight hundred miles; but complete recovery ensued, and both lungs resumed their normal function and condition.

A young lady of 17 years of age took measles; the eruption was very heavy, and the accompanying fever high. Her lungs had been delicate from childhood, and in a few days pneumonia supervened; she was very ill for a week, but quite recovered in twelve days. The treatment consisted of *pulsatilla* in the first instance, and afterwards *phosphorus* with occasional doses of *aconite* for the pneumonia. This same young lady had a very severe attack of typhus fever with cerebral and pneu-

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monic complications, fifteen months subsequently to the illness just mentioned; the case will be given more fully in the paper on fever, and is only now referred to in connexion with the pneumonic symptoms for which *phosphorus* was successfully administered.

The following case may be interesting, as a type of complicated acute inflammatory disease of frequent occurrence among children; it will serve also to illustrate some previous remarks.

Mary B., æt. 6, was seized with the ordinary symptoms, but very severe, of bronchitis, for which *aconite* and *bryonia* in alternation were given; on the next morning acute cerebral symptoms set in, and in the evening of the same day, coma and convulsions. *Phosphorus* 3 and *belladonna* 1 were given in alternation, and the next day there was some improvement; on examining the lungs, there was found to be very liquid crepitation posteriorly. On the following day, the child being very sleepy and stupid, a single drop dose of *hyoscyamus* 1 was given, and subsequently, *sulphur* 5 every four hours. On the next day the child was more conscious; the fever was less; the respiration was rough, but there was no crepitation. The *sulphur* was continued at longer intervals; in two days she was better, in three days much better, and in four days (the twelfth from the commencement of the attack) she was quite well.

V. *Mercurius corrosivus.*—This medicine, though of inestimable value and of wide range of action in the treatment of disease generally, is not, however, very strongly indicated in any acute form of purely inflammatory disease (at least, so far as the writer's experience goes), except acute ophthalmia, including under that term inflammation of the conjunctiva, sclerotica, or iris, as the case may be. The pathogenetic symptoms of *mercurius* fully confirm

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this; note amongst others the following: Pressure in the eyes as from sand; stitches in the eyes; itching in the eyes; heat in the eyes, also with lachrymation; burning in the eyes; inflammation of both eyes with burning, smarting pain, worse in the open air; a number of red vessels become visible in the whites of the eyes; redness of the eyes, sclerotica and conjunctiva; considerable swelling, redness and constrictive closing of the eyelids; feeling of fulness in the brain, as if the head would burst; headache with pressure through the forehead, also with bone pains above the eyebrows; headache in the evening, as if the brain were encircled with a band. Orfila gives as symptoms: "Shining very moveable eyes; inflammation of the eyes, they seem to start from their sockets, slight redness of the conjunctiva."

It has been the writer's practice to give the *mercurius corrosivus* in the 3rd dilution generally, occasionally in the 2nd, either alone or in alternation with *aconite*, the dose varying from one drop to two, or even three, according to the urgency of the symptoms; sometimes he has given the 2nd and 3rd decimal trituration, in doses of half a grain to one grain. No disease requires more prompt and vigorous treatment than acute ophthalmia; in a very short time, the whole organ of vision may become involved, with rapid disorganization of its delicate tissues, and total and irretrievable loss of sight. Under the allopathic system, such cases were treated by copious venesections both local and general, purgation and salivation, to a fearful extent; but in the three cases about to be given, no such violent measures were needed, and a perfect cure was accomplished by the medicine under consideration, due attention also being given to dietetic and regimenal rules, together with a partial or total withdrawal of the stimulus of light in every form.

A young gentleman, aged 17, was seized with acute

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ophthalmia from constant exposure to the cold easterly winds. The conjunctiva was much inflamed, eyelids very red, lachrymation and afterwards mucous discharge, pain in the head, constitutional fever. At this time the writer was not aware of the beneficial effects of *mercurius* in acute ophthalmia, and *aconite, belladonna,* and *arsenicum* were given with little or no benefit. *Mercurius corrosivus* was then administered, improvement at once manifested itself, and eventually, but not speedily, a cure was effected.

A youth, aged 19 years, was seized with very severe symptoms of acute ophthalmia arising from exposure to cold night air and close application to writing by gas light. Conjunctiva much inflamed, intolerance of light great pain in the head and eyes, symptomatic fever. *Mercurius corrosivus* was given in the second and third decimal trituration, one grain for a dose, occasionally alternated with *aconite.* The cure was speedy and decided.

A gentleman of middle age was suffering from a most severe attack of acute ophthalmia, including both the conjunctiva and sclerotica. The writer was summoned to him in great haste at Ramsgate, and found the patient literally writhing in agony from the intensity of the pain and burning heat in the eyes. He had allowed the disease to go on for four days without seeking medical advice, having during that period applied some Goulard water as a lotion. Exposure to the sun and strong glare of the seacoast aggravated the symptoms so much, that the pain hitherto bearable now became real agony. It was with no little anxiety that the writer undertook this case, for the inflammation had continued so long and was so deep seated, that there was a fear of rapid disorganization of the whole eye. He administered *mercurius corrosivus* at first in the second, afterwards in the third dilution, in occasional alternation with *aconite,* and the relief was so speedy that in about eight days a cure was effected, the

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eyes themselves being perfectly sound and the sense of vision in no way impaired. It is scarcely necessary to add that in none of these cases was there the slightest symptom of mercurial salivation.

In concluding these "Observations on the Treatment of Acute Inflammatory Diseases," the writer's experience in reference thereto may be summed up as follows, and is respectfully, not dogmatically, submitted to the patient consideration of his medical brethren both of the Homœopathic and Allopathic schools.

I. That in the treatment of acute inflammatory diseases, venesection, purgation and salivation are not only unnecessary, but are positively injurious.

II. That homœopathy presents remedies (especially *aconite, belladonna, bryonia, phosphorus* and *mercurius*) the internal administration of which will accomplish all that is desired in the way of prevention and cure, the duration of the disease being less, the rate of mortality lower, and the chances of chronic disease and other sequelæ diminished.

III. That the homœopathic remedies require to be given in these acute inflammatory diseases in low dilutions, vigorous doses and frequent repetitions according to the urgency of the symptoms.

IV. That rest of body, tranquillity of mind, a very carefully regulated diet, the judicious use of stimulants, and strict attention to the temperature of the room, are important auxiliaries to treatment.

Homœopathy is equally efficacious in the treatment of fevers and very urgent cases, as the subsequent papers on these subjects will demonstrate.

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THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

(Continued from page 30.)

Abstract of Dr. Tessier's Cases.

Case 31.

Wach, æt. 33. Pneumonia of right side.

Pneumonia commenced Dec. 3, 1848.

Treatment commenced Dec. 10th.

Cured Dec. 25th, *i.e.*, on 15th day.

Condition when admitted.—Pulse 104—Acute pain in right side—Dulness on percussion in middle third of right lung—Loud bellows murmur—Sputa opaque, bloody, tenacious—Trembles a good deal.

Treatment and subsequent symptoms:

Dec. 10th, *Bryonia* 12 and 24, in alternation. Pulse 108—Bellows murmur worse; heard over the three upper fourths of lung.

Dec. 11th, *Bryonia* 12. Pulse 104—No improvement till evening, when he raises better.

Dec. 12th, *Bryonia* 12. Pulse 96—Better—Less bellows murmur—Sub-crepitant râle in lower half of lung.

Bryon. and *sulph.* 12, in alternation. From 11 till 4 P.M., more dyspnœa and pain; then an improvement takes place. Pulse 72—Sleeps—Sputa not blood-streaked.

Dec. 14th, *Bryonia* 12. No sleep—No pain—Pulse 64—No oppression—Sputa mucous and vesicular.

Dec. 15th, *Bryonia* 12. Sputa viscid—Sub-crepitant râle on a level with spine of scapula—Pulse 68—No murmur.

Dec. 16th, *Bryonia* and *phosphorus*, in alternation. Only a little sub-crepitant râle remains, high up.

Dec. 17th, *Phosphorus*. Respiration perfect—Pulse 60.

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Dec. 18th, *Bryonia.* Patient feels well, but is still unable to draw a long breath.

Dec. 19th, *Phosphorus* three times a-day, until Dec. 25th, when respiration is perfect and patient well.

Case 32.

Doré, æt. 72, F. Pneumonia right side.

Pneumonia commenced Dec. 24th, 1848.

Treatment commenced Dec. 30th.

Cured Jan. 20th, 1849, *i.e.*, on 21st day.

Condition when admitted.—Dulness on percussion in the whole right side of chest—Bellows murmur in same region—Stitch, fever, cough, bloody sputa.

Treatment and subsequent symptoms:

Dec. 31st, *Bryon.* 12 in the day; *bryon.* 24 at night. Pulse 92—Acute stitch—No sleep—No respiration in right side—Bronchophony when talking.

Jan. 1st, *Bryonia.* Increased prostration—Lies on her back—Pulse feeble, 92—Acute pain—No sleep—Stethoscopic signs the same, except a few crepitating vesicles here and there—Not much expectoration.

Jan. 2nd, *Bryonia* 12, *phosphorus* 12, in alternation. Better—Pulse 100—Slept three hours—Stethoscopic signs the same—Two bed sores on sacrum.

Jan. 3rd, *Bryon.* 12, *phosph.* 12. Better—Sputa thinner and frothy—Returning crepitation—Patient is able to lie occasionally on her side—Pulse 86—Returning crepitation at summit of lung.

Jan. 4th, *Bryon.* 24, *phosph.* 12. Sputa in flakes, thinner, frothy, vesicular—Pulse 80.

Jan. 5th, cont. medic. Pulse 80—Stronger—Slept well—Respiratory murmur returned—Bed sores better.

Jan. 6th, cont. medic. Gradual improvement.

„ 7th, cont. medic. Long fit of coughing in night.

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Jan. 8th, *Bryonia* and *ipecac.* in alternation. Pulse 84—Cough continues.

Jan. 9th, *Bryonia* and *bellad.* in alternation. Pulse 76—Better in every respect.

Jan. 10th, cont. medic. Bed sores nearly healed.

„ 11th, *Ipecac.* From 12th to 20th, no medicine given. On 20th, all stethoscopic signs had ceased, and patient was well.

Case 33.

Rouel, æt. 70. Pneumonia of left side.

Pneumonia commenced Jan. 24th, 1849.

Treatment commenced Jan. 29th.

Convalescent Feb. 4th, *i.e.*, cured on 7th day.

Condition when admitted.—Acute pain under left nipple, aggravated by percussion—Loud bellows murmur—Crepitation over lower half of scapula—Imperfect dilatation of chest.

Treatment and subsequent symptoms:

Jan. 29th, *Bryon.* 12 and 24. Pulse 100—Perspiration profuse—Less cough.

Jan. 30th, *Bryon.* 12 and *phosph.* 12, in alternation. Profuse sweat—Less cough—Pulse 64—Less stitch—Bellows murmur distinct on left side.

Jan. 31st, cont. medic. Pulse 60—Sputa rusty—Dulness on percussion gone.

Feb. 1st, *Bryonia* 24. Pulse 60—Respiration almost natural.

Feb. 2nd, cont. *Bryon.* Pulse 60—Almost well.

„ 3rd, *Bryonia.* Full convalescence on Feb. 4th.

Case 34.

——, æt. 25. Pneumonia of right side.

Pneumonia commenced April 20th, 1849.

Treatment commenced April 24th.

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Convalescent May 3rd, *i.e.*, cured on 10th day.

Condition when admitted.—Face flushed—Suffering great—Pulse 120—Intense thirst—Yellow, tenacious mucus, with streaks of blood—Dulness on percussion, over upper portion of right lung—Bellows murmur over whole of right lung—Stitch in right side, preventing the expansion of chest.

Treatment and subsequent symptoms:

April 24th, *Bryonia* 12. Pulse 118 to 120—Profuse sweat.

April 25th, cont. *Bryonia.* Pulse 115—Same, sweat giving no relief—Bellows murmur in the whole of right lung.

April 26th, *Bryon.* 12 and *phosph.* 12, in alternation. Pulse 115—Increased stitch for two hours in the night.

April 27th, cont. *Bryon.* and *phosph.* Pulse 108 in evening; great improvement next day, pulse 104—Returning crepitation in the middle of the lung.

April 28th, cont. *Bryon.* and *phosph.* Pulse 62—No stitch—Cough rare—Crepitation over whole of lung during a fit of coughing.

April 29th, *Bryon.* 24. Stethoscopical sounds all better.

„ 30th, *Bryon.* Stomatitis—Miliaria.

May 2nd, *Bryon.* Miliaria disappearing—Pulse 62—Stomatitis.

May 3rd. Eruption gone—Complete convalescence.

Case 35.

De Lormey, æt. 59. Pneumonia of right side.

Pneumonia commenced July 5th.

Treatment commenced July 10th.

Convalescent July 30th.

Attacked on August 15th with erysipelas, followed by double bronchitis, and died on August 24th.

Condition when admitted.—Worn-out constitution—

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Pulse 95—Tongue covered with yellowish coating—Sputa viscid and blood-streaked—Stitch under right nipple—Dulness on percussion, in lower half of thorax—Above spine of scapula, crepitation.

Treatment and subsequent symptoms:

July 10th, *Bryonia* 12. Pulse 100.

„ 11th, *Bryonia* 12 and 24. Pulse 95—Dyspnœa—Stitch in side less painful—Crepitation in lower part of lung—Cough very troublesome.

July 12th, *Bryonia* 12 and 24. Pulse 75—Crepitation lower down—Bellows murmur above spine of scapula.

July 13th, *Bryon.* and *phosph.*, alternately. No change.

„ 14th, same treatment. Pulse 70—Better—Resolution proceeding in lower part of lung.

July 15th, cont. treatment. Pulse 65—Resolution progresses.

July 17th, cont. same. Pulse 60—Cough rare—No stitch—Resolution wavering; not so regular as in previous cases.

July 30th. Convalescent.

The patient died on August 24th, from double bronchitis, brought on by imprudent exposure. P. M. exam. shewed *no pneumonia;* adhesions between pleuræ and bronchia completely obstructed by thick mucus.

Case 36.

Gruel, æt. 36. Pneumonia, right side.

Pneumonia commenced July 10th, 1849.

Treatment commenced July 14th.

Convalescent July 22nd, *i.e.*, on 9th day.

Condition when admitted.—Pulse 95—Intense thirst—Sputa rusty—Bronchophony—Dulness in whole upper part of lung—Crepitating vesicles in same portion.

Treatment and subsequent symptoms:

July 14th, *Bryon.* 12. No change.

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July 15th, *Bryonia* 12 and 24. Less headache—Pulse 90—Cough still very troublesome—Dulness in lower part of lung, bellows murmur intermingled with a number of moist, crepitating vesicles.

July 16th, *Bryon.* 12 and *phosph.* 12, alternately. Pulse 70—General improvement—Sputa frothy—Resolution taking place, fully, in lower part of lung.

July 17th, cont. *bryon.* and *phosph.* Pulse 60—Lower part of lung has no abnormal murmur—Crepitation in upper portion.

July 19th, *Bryonia.* Same condition—Return of stitch—Mucous sputa.

July 20th, *Arnica.* Complete disappearance of crepitant râle—Convalescence.

July 22nd, *Bryonia.*

„ 24th. Well, except some cough, which yields to *bellad.* and *acon.*

Case 37.

Mallez, æt. 36. Pneumonia in left side.

Pneumonia commenced Aug. 17th, 1849.

Treatment commenced Aug. 21st.

Complete resolution Aug. 25th, *i.e.*, cured on 5th day.

Condition when admitted.—Pulse 110—Violent stitch in 7th intercostal space—Yellow viscid sputa—Percussion yields a dull sound on left side, from spine to shoulder-blade—Bellows murmur—Respiration feeble, scarcely dilating the chest.

Treatment and subsequent symptoms:

Aug. 21st, *Bryonia* 12. Pulse 110—Symptoms the same.

Aug. 22nd, *Bryonia* 12. Great improvement—Pulse 60—Bellows murmur the same—Little cough—Returning crepitation—A stool.

Aug. 23rd, *Bryonia* 24. Pulse 52—Same state—Stitch still painful—Returning crepitation in left lung.

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Aug. 24th, *Bryonia.* Complete resolution—Pulse 48—Neuralgia of intercostal nerves. This was cured between the 9th and 17th of September.

Case 38.

Thirion, æt. 43. Pneumonia of left lung, in front (an unusual position, caused by an accident).

Pneumonia commenced Sept. 3rd, 1849.

Treatment commenced Sept. 5th.

Convalescent Sept. 15th, *i.e.*, on 11th day.

Condition when admitted.—Pulse 115—Pain in front of left lung and over lateral portion—Bellows murmur in same region, almost hiding the heart-sounds—In axilla and downwards from it, crepitant râle.

Treatment and subsequent symptoms:

Sept. 5th, *Arnica* 6, *phosphorus* 12, in alternation. Pulse 115 to 120—Same symptoms and same physical signs.

Sept. 8th, *Bryonia.* Pulse 106—Same physical signs.

„ 9th, *Bryonia.* Pulse 96—Better—Returning crepitation over almost the whole lung.

Sept. 10th, *Bryonia.* Return of the inflammatory symptoms, from a heedless exposure to cold.

Sept. 11th, *Bryonia* and *rhus tox.* 12, in alternation. Considerable improvement—Pulse 80—Cough rare.

Sept. 12th, *Bryonia.* Pulse 60—Crepitation returning.

„ 13th, same treatment. Pulse 56—Respiration normal.

Sept. 14th, *Bryonia.* Pulse 56—Complete convalescence.

Second Series.

Cases of Pneumonia that terminated fatally.

The three cases terminating fatally give us no insight into the question of the efficacy of dose. The first of the

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two cases was that of a man of broken-down health; he had suffered from pneumonia for five days previously to his admission into the hospital, having had no treatment during all this time. *Aconite, bryonia* and *belladonna* were then given him for three days, without any benefit; finally, he was placed under allopathic treatment, under which he died. Dr. Tessier says: "In my opinion this patient would have died under any treatment."

The second case, that of a man 60 years of age, had also been neglected in the earlier stages. He was eight days without any treatment. He was dying when admitted, and died the same day. The remedies used were *bryon.* 12, *carbo veget.* 12, and a blister.

The third case was that of an habitual drunkard, æt. 58. She was delirious when admitted; she died on the second day. *Bryonia* 12, and afterwards *bryon.* and *iodin.* 3, were the medicines prescribed.

This completes Dr. Tessier's series of Cases of Pneumonia. In my next paper I purpose to give an analysis of these cases, and remarks upon the direct results from the medicines and dilutions employed.

(*To be continued.*)

DR. DUDGEON'S ACCURACY AND FIDELITY.

By D. Wilson.

In the November number of the *Review* I had occasion to point out that Dr. Dudgeon, like Dr. Hempel, in his translations and compilations of the Homœopathic Materia Medica had greatly impaired their usefulness through omissions and errors. Amongst the latter which had crept into the *Pathogenetic Cyclopædia,* I called attention to the following symptom:

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Original Text.	*Hahnemann's Chronic Diseases.*
Sehr ängstlich im Kopfe, dann im gansen Körper, mit Zittern, am meisten in den Füssen; Vormittags.	Grosse Aengstlichkeit, erst im Kopfe, dann im gansen Körper, mit Zittern, am meisten in den Fussen.

It will be observed that, in the text attributed to Hahnemann, *Vormittags* (forenoon) has been omitted. In my previous papers I endeavoured to show that Hahnemann himself would never have overlooked such an important adjunct as that of *time*, but that in this as in numerous other instances he was deceived by some unscrupulous copyist. Besides the omission of *time* the alteration of the text precludes that exact translation which renders the original so clear and intelligible:

Very anxious [unquiet or restless] in mind, then in the whole body, with trembling, mostly in the feet; forenoon.	Great anxiety, first in the head, then in the whole body, with trembling, chiefly, in the *legs*. [DUDGEON.]

It is important to observe that the text from which Dr. Dudgeon translates is the same as that to be found in the Handbuch of Trinks and Noak, a work by no means *original*, on the contrary a very *defective*, and in several instances *incorrect*, compilation. Dr. Constantine Hering says in the *Allgemeine Homoeopathische Zeitung*, 24th Feb., 1851:

"This book, [Noak and Trinks'] with its external appearance of learning has by its total want of science,—to which must be added many chemical blunders,—and its pompous little and great promises done more, than any other book, to injure the cause of homœopathy in the eyes of scientific physicians of the opposite school." Dr. Hering remarks that not only have Noak and Trinks omitted *paris quadrifolia*, but in their haste some very valuable and necessary contributions to *selenium* (A. H. Z. Bd. 2.

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s. 68.) by a Viennese physician have been neglected. The important contributions of Buchner in his *Journal of Pharmacodynamics, e.g. cainca,* the provings also of *kali bichrom.* in the *British Journal* have been left out. *The rectifications by Gross* (in the Archive) *of some erroneous symptoms introduced into the Materia Medica of Hahnemann have not been taken into consideration.* Nay, we even find that *misprints* in the chronic diseases have been *literally reprinted.* In short, continues Dr. Hering, "we have innumerable proofs that the authors were only intent upon hasty bookmaking; every thing has been done for show." Much more might be added in the same condemnatory style, but enough has been adduced I think to prove that this is a dangerous and unreliable work from which to make our translations of the Materia Medica and Repertories. Dr. Hering points out also that what is given under the heading of Pathological Anatomy has been brought together without any knowledge of facts and without judgment, that nothing can be depended upon and that the whole work to be of use would require to be done afresh. I may add that Trinks has himself admitted its incompleteness. Dr. Hering calls attention to the effects of *agaricus muscarius,* almost all of which have been ascribed without authority to the *red* agaric (com pare Phöbus Cryptogamous poisons). On the other hand those effects which had any foundation in fact have been omitted. Now that which holds good in regard to this remedy applies to most of the others in the work of Noak and Trinks. Surely no conscientious man would venture, after such precise criticism as this, by one so well qualified for the task, to translate from such a work without the utmost caution. Nevertheless in the face of Dr. Hering's able criticism, Dr. Dudgeon selected the work of Noak and Trinks, in preference to the original, from which to make his translation without one word of apo-

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logy for the substitution. On the contrary, he states, in the preface to the *Pathogenetic Cyclopædia*,—

"To secure the greatest possible uniformity in the rendering of the terms from other languages into our own, I have translated all the symptoms from the original provings, and I therefore consider myself responsible for their accuracy I have indicated the sources whence I have obtained them."

Further on he tells us that the *Pathogenetic Cyclopædia* (now looked upon as the first volume of the *New British Repertory* which I have shown to be seriously dislocated in its parts) is "a kind of index to the Materia Medica, designed to enable the practitioner at once to discover the medicine which contains a certain symptom or set of symptoms, and so direct him to the medicine he should study in the Materia Medica, etc." This assurance would seem fair enough; but let us see how far it has been fulfilled. Before entering into details, however, I must offer a few comments upon Dr. Dudgeon's intemperate letter published in the December number of the *Review*.

When questions affecting health, and it may be life, are under consideration, it seems to me that we should examine them through other media than those of passion, prejudice, and self-interest. They are certainly not subjects either for invective or shallow satire, and the man who has recourse to such stratagems, when called to account for careless blunders or gross ignorance, forcibly reminds one of the cuttle-fish, when pursued by an enemy, ejecting its juice to render the waters turbid and thus escape in safety. We may commend the *piscine* instinct of self-preservation, but we deplore the mental degradation of the man who finds only food for merriment in the correction of grave errors which may endanger the life of his own species:

"It's nae play when ane laughs and anither greets."

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DR. DUDGEON'S ACCURACY AND FIDELITY.

A grinning doctor making bad puns over his own blunders might not be out of place in a pantomine, but we would rather see the subject of medical science dealt with in a serious and becoming spirit more in keeping with its sacred and solemn functions.

Dr. Dudgeon maintains that *Füssen* in the symptom standing first in this paper ought to be translated "*legs*" instead of *feet*, and endeavours to justify his "decision" by referring to other symptoms in the Materia Medica where the same word *he* thinks admits of no other translation. He adds, "the translator must use his judgment in deciding when *Füsse* is to be translated *legs* and when *feet*." I suppose Dr. Dudgeon will not deny that the translator's *judgment* must be guided by the *context*, and that he must be qualified to detect *misprints* in the German text before he ventures to take liberties with the originals? There is no context in the symptom that stands first in this paper to warrant Dr. Dudgeon in translating *Füssen* "legs" as he has done in the *Pathogenetic Cyclopædia*. There is a very marked and important difference between *trembling* of the *legs* and *trembling* of the *feet*. I have very recently had an opportunity of verifying the accuracy of the latter distinction in *sarsaparilla*. The symptom is contributed by Ng., who, as far as I have observed, employs Füssen to express *feet only*. I am quite aware that Füsse occasionally means the *whole leg*, but the context points out when this is the case. The expression is not often made use of, even colloquially, by educated Germans to indicate the legs, and I am borne out in this assertion by German scholars translating into French the symptom under discussion,—"*Tremblement* des pieds" without any licence to use *pieds* for *jambes*. It is much to be regretted that some of the symptoms of earlier provers had not been expressed with more scientific and unvarying precision, yet with a little care and trouble

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DR. DUDGEON'S ACCURACY AND FIDELITY.

we meet with very few difficulties in the rendering of German symptomatology. Dr. Dudgeon is not happy in the selections he has made to prove his position, which by the way has nothing whatever to do with the matter *primarily* under consideration. No one, I presume, who has carefully read my critical resumé in the November number of the *Review*, will be disposed to accept Dr. Dudgeon's silly and *mal à propos* remarks on "Fussen" as an answer to the errors and omissions of which their respective authors stand convicted. I shall now reproduce from the German text the symptoms in full which Dr. Dudgeon thinks warrant his "decision" in translating Füsse "legs."

Bellad. 970. Lähmung der Füsse (untergliedmasen), sie musste liegen, bei Uebelkeit, Aengstlichkeit und Schwindel. [BALDINGER.]	Paralysis of the feet (lower limbs), she was obliged to lie down, accompanied with nausea, trembling, anxiety, and vertigo.

The above symptom taken by Hahnemann from Baldinger, a very prolific writer, I am unable to verify; but had Dr. Dudgeon felt it *convenient* to refer, in this instance, to his favorite author, [Noak and Trinks' *Handbuch*], he might have avoided the error he has fallen into in *deciding* that Füsse here means *legs*. The *Handbuch* sets out the symptom thus:

Lähmung der unteren Gliedmaassen:	Paralysis of the lower extremities:
Lähmung der Füsse bei Uebelkeit, Zittern, Aengstlichkeit und Schwindel.	Paralysis of the feet accompanied with nausea, trembling, anxiety and vertigo.

Had *Füsse* meant the entire leg, surely it would have been a work of supererogation for *Trinks* to have set out the symptom as he has done.

Bel. 1003. Beim Treppen-	When walking upstairs las-

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Steigen Müdigkeit der Füsse, vorzüglich der Waden.—[Stf.]

situde of the feet, especially of the calves.

Cina. 216. Das Kind streckt die Füsse Krampfhaft von sich.—[Stf.]

The child stretches the feet out spasmodically.

[It would be a puzzle, I think, to stretch out either feet or legs independent of each other.]

217. Der linke Fuss des Kindes ist in beständiger Krampfhafter Bewegung; endlich bleibt er vom Körper weit abgewendet, unbeweglich liegen. [Stf.]

The left foot of the child is in constant spasmodic motion; at last it remains motionless turned far away from the body.

[The same observations apply to this symptom as to the last; but why is Füss to be translated *leg* in either case?]

Acon. 367. Im Schenkelkopfe des linken Fusses ziehender Schmerz, im Stehen und Sitzen, mehr noch im Gehen [A. f. d. H.]

In the head of the femur of the left leg [entire limb] drawing pain, while sitting and standing, yet more when walking.

[This is the first symptom where the context compels us to translate *Füsses* the entire leg.]

Sars. 96. Dumpf Ziehender Schmerz aufwärts über das Schienbein des rechten Fusses (n. 3. St.) Hartman.

Dull drawing pain upwards over the shin bone of the right leg (after 3 hours.)

[Foot might be used here instead of leg without violence to accuracy.]

Dulc. 308. Aufgedunsenheit und Geschwulst des Unterschenkels und der Wade

Bloatedness and swelling of the leg and calf

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DR. DUDGEON'S ACCURACY AND FIDELITY.

(doch nicht des Unterfusses) mit spannendem Schmerze und Empfindung von äusserster Müdigkeit gegen Abend.

(but not of the foot), with a tensive pain and feeling of utmost fatigue towards evening.

[Unterfuss has been explained to mean foot in Hahnemann's chronic diseases, so that there is no need for "supposing" or sneering in this instance.]

Cann. 269. Schmerzhafte Pucken auf dem Rücken des Unterfusses. [Gss.]

Painful pecking on the top of the foot.

271. Hin-und Herziehen im linken Unterfusse von den Zehen bis zum Knöckel.—[Gss.]

Drawing to and fro in the left foot from the toes to the ankle.

Cocc. 381. Im Gehen, nach dem Sitzen, schläft ihm der linke Unterfuss ein und es sticht darin, wie mit vielen Steck nadeln. [Gss.]

In walking, after sitting, the left foot goes to sleep, and it pricks as if from many pins.

382. Im Sitzen Schlafen ihm beide Unterfusse ein. [Gss.]

In sitting both his feet go to sleep.

Nux-vom. 943. Kramphafte Zusammenziehung des rechten Unterfusses.

Cramp-like contraction of the right foot. (Sole ?)

946. Früh, Geshwulst des Unterfusses (dessen Schenkel mit einem Geschwüre behaftet ist.)

Early morning, swelling of the foot (on the leg of which there is an ulcer).

Olean. 296. Gleich über dem Gelenke des linken Unterfusses schmerzliches Drücken, in langen Pausen, beim Stehen. (Gss.)

Just over the left tarsal joint painful pressure, at long intervals, while standing.

298. Auf dem Rücken des Unterfusses, einfaches Drücken. (Gss.)

Simple pressure on the top of the foot.

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309. Klamm-Schmerz (klammartiges Ziehen) an Mehrern Stellen der Gliadmassen, Z. B. am Daumenballen, in den Unterfussen U. S.W.—(Gss.)

Cramp-pain (crampy-drawing) in several parts of the limbs, for example, in the balls of the thumbs, in the feet, etc., [soles of?]

Arnica. 472. Wellenartig reissender (fast stumpf stechender) Schmerz im Unterfuss-Gelenke. (Gss.)

Undulating tearing (almost dull shooting) pain in the tarsal joint.

473. Im Gelenke des Unterfusses, Verrenkungs-Schmerz. (Gss.)

Pain as from dislocation [sprain] in the tarsal joint.

476. Stiche im Unterfusse durch die grosse Zehe hindurch.

Stitches in the foot [sole?] through the great toe.

Acon. 380. Schmerzhaftes Ziehen im Unterfusse vom Kniee in die Ferse und wieder herauf [A. f. d. H.]

Painful drawing in the foot extending from the knee into the heel and again upwards.

Dr. Dudgeon maintains that in the *sarsaparilla* symptom *Füssen* should be translated *legs*, and that *Unterfuss* (foot) must at times be translated also *leg* as in *aconite* 380, where it means *he* says "*the leg from the knee to the heel.*" I am quite aware that he has thus translated *Unterfuss* in symptom 607 of that drug (*acon.* 380) in the Hahnemann Materia Medica.

But I venture to differ with him, and he will find on appealing to competent authorities that *Unterfuss* means "*from the ankle to the toes.*" There can be no difficulty in comprehending the symptom as above rendered, and my translation, in this instance, is almost identical with that given by one whose "power" to translate with "fidelity and correctness" is endorsed by the *British Journal of Homœopathy.*

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Now that I have taken the trouble to reproduce and translate in detail the symptoms which Dr. Dudgeon indicated merely by numerals, and which looked no doubt marvellously imposing to the uninitiated, I would ask the readers of the *Review* what bearing these symptoms have in reference to my criticisms, or how far they constitute an answer to the questions advanced by me? Instead of acknowledging in an ingenuous manner the errors with which he stands convicted, Dr. Dudgeon tries to shuffle out of the difficulty by a sort of harlequinade which he fancies may divert his readers and turn their attention from the main point at issue, whilst he ludicrously plays upon a word which I more than once proved to have been incorrectly translated by him.

This is a sorry sort of exculpation from the imputation with which, I repeat, he stands convicted—of slurring over the Materia Medica to the neglect of symptoms which upon emergency might lead to the use of remedies efficacious in restoring health and saving life.

Let us now proceed to inquire how far Dr. Dudgeon commands our "*confidence in the accuracy and fidelity*" of his translations from the "*original provings.*" We shall begin with CANTHARIDES, a very important remedy both in the homœopathic and allopathic Materia Medica. I shall give in the left hand column the translations exacted by the "*Original Provings,*" and in the corresponding right hand column Dr. Dudgeon's translation, and the source of *his* "original," which *alone* warrants such translations.

Original Provings.	*Trinks and Dudgeon.*
Utmost despondency, and hopelessness, she says she must die.	Excessive timidity and *cowardice.* (DUDGEON.)
Very morose, apprehensive, lacrymose, (the third forenoon).	Moroseness.* (DUDGEON.)

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Everything affects him more deeply than usual, so that he is obliged to weep very much, (second day).	Omitted by Drs. Trinks and Dudgeon.
She broke out into a violent cry, and lost her consciousness.	Frightful cries and loss of consciousness. (DUDGEON).
Utters a frightful cry like barking.	[Sex is here lost sight of.] Omitted by Dr. Dudgeon.*
Wailing and whining on account of dreadful pains in the knees, (the whole of the 9th day).	Omitted by Drs. Trinks and Dudgeon. [Surely this symptom was worth recording.]
Depressed and apprehensive after the mid-day meal, soon passing off.	Heaviness of spirits, apprehensiveness, specially after eating. (DUDGEON.)
Apprehensiveness, which momentarily increases.	Omitted by Drs. Trinks and Dudgeon.
Restlessness.	Omitted by Drs. Trinks and Dudgeon.
Greatest restlessness whilst sitting and lying; she is obliged to move continually up and down, hither and thither; day and night during 8 days.	Great restlessness while sitting and lying by day and night. Senseless running up and down, senseless throwing about [of] the limbs. (DUDGEON.)
Out of humour, peevish, morose, (after 2 hours).	Omitted by Drs. Trinks and Dudgeon.
Out of humour, reserved, (after 2 hours).	Omitted by Drs. Trinks and Dudgeon.
Lazy, out of humour, pensive.	Indisposition for work, laziness, reservedness. (DUDGEON.)
Very peevish, noisy; no one	Great peevishness, noisy

* When I say "omitted by Dr. Dudgeon," it is to be understood that Noak and Trinks have *given* the symptom *fabricated* though it may be.

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DR. DUDGEON'S ACCURACY AND FIDELITY.

does anything right for her, (2nd day).	blustering, excessive anger and maliciousness. (DUDGEON.)
Very irritable during the pains, (in the evening).	Omitted by Drs. Trinks and Dudgeon.
If he wishes to reflect about anything, his thoughts fail him immediately; he remains fixed and speechless before an object (which however he scarcely noticed) and has great difficulty in collecting himself, in order to connect a few words, (2nd day).	Loss of thinking power, difficulty of collecting his thoughts and speaking connectedly.—(DUDGEON.)
In the morning great weakness of the mental powers, (2nd day).	[Omitted by Dr. Dudgeon, who perhaps considers the following translation from the Archive as a substitute. It is a more complex symptom, however, and does not mark the *time* of the shorter original proving.]
	In the morning, a few hours after rising, very exhausted in mind, and too many concomitant thoughts come into his head, of which [head or thoughts?] he cannot divest himself. (DUDGEON.)
Lazy, dejected.	Omitted by Drs. Trinks and Dudgeon.
Raving.	Continual raving. (DUDGEON.)
Delirium.	Omitted by Drs. Trinks and Dudgeon.
Constant delirium.	Omitted by Drs. Trinks and Dudgeon.
Madness.	Sudden madness. (DUDGEON.)

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Raving madness.

Uncontrollable fury: four men cannot hold him.

The attacks of fury and the convulsions are renewed by touching the throat, by pressing the abdomen in the painful parts, and at the sight of water and soup.

Well disposed, talkative, (after 3 hours).

Very gay, joyful, it seems to her as if she were born anew, the room and all objects appear to her clearer and more pleasant, (6th day).

Vertigo.

Violent vertigo, soon after taking the medicine.

On walking in the open air, vertigo with quick transitory attacks of unconsciousness, during which a mist seems to be before the eyes, frequently recurring in half an hour, (1st day).

Vertigo and syncope.

Tottering from side to side as if giddy.

Confusion of the head, and especially a kind of weight in the vertex, (after ½ hour).

Complete mania. (DUDGEON.)

Uncontrollable furor with convulsions. (DUDGEON.)

Omitted by Drs. Trinks and Dudgeon.

[Surely this was a symptom worth preserving.]

Omitted by Dr. Dudgeon.

Cheerfulness and gaiety as if born anew. (DUDGEON.)

[Here the sex is disregarded as well as *time*.]

Omitted by Drs. Trinks and Dudgeon.

Omitted by Drs. Trinks and Dudgeon.

Vertigo whilst walking in the open air, with staggering or clouds and blackness before the eyes, with transient unconsciousness or syncope. (DUDGEON.)

[Here *frequent recurrence*, and *time* as usual, are treated as of no moment.]

Giddy and weak in the head. (DUDGEON.) (Archive.)

Omitted by Drs. Trinks and Dudgeon.

In the morning, confusion in the head, with pulsation in the forehead for several hours.—

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DR. DUDGEON'S ACCURACY AND FIDELITY.

[Dr. Dudgeon's translation of the previous symptom indicates another of Noak and Trinks' fabrications with time omitted.]	Confusion in the head with weight in the vertex. (DUDGEON.)
Confusion of the forehead, and also a slight pressure and drawing therein, (after 12 hours).	Confusion and drawing in the frontal region. (DUDGEON.)
Headaches.	[Time as usual unrecorded.]
Headache, passing off after the morning meal, (after 1 hour).	Omitted by Drs. Trinks and Dudgeon.
Violent headaches, (the 11th forenoon).	Omitted by Drs. Trinks and Dudgeon.
Violent headache, anteriorly in the forehead, under the use of *camphor*, (5th day).	Omitted by Drs. Trinks and Dudgeon.
	Violent pains in the forehead, with sensation of weight or pressing forwards of the head and stupid feeling deep in the brain. (DUDGEON.)
Slight pain in the forehead, like tearing, (after 1 hour).	Omitted by Drs. Trinks and Dudgeon.
Headache like a weight in the forehead, (4th morn).	Omitted by Drs. Trinks and Dudgeon.
Weight, and feeling of stupidity in the forehead, deep in the brain, with a feeling as if some one were pressing her head forwards, (after 2 hours).	[Omitted by Drs. Trinks and Dudgeon, unless we refer back three symptoms to convict Noak and Trinks of another gross fabrication. The *two* original symptoms are quite distinct, one occurred on the 5th day and the other after 2 hours.]

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Drawing pain in the left side of the head and forehead.	Omitted by Drs. Trinks and Dudgeon.
Headache: slight tearing in the forehead (4th day early), after *camphor*.	Omitted by Drs. Trinks and Dudgeon.
Tearing in the forehead and in the nape of neck.	Tearing in the forehead and nape, or in the occiput, extending into the forehead, accompanied by vertigo. (DUDGEON.)
[Dr. Dudgeon's translation from Noak and Trinks here as elsewhere, again proves how the latter have *fabricated* symptoms. See 10 in advance.]	
Tearing in the forehead, then in the right parotid region, then in the lower jaw, and finally returning to the ear, where it went off (17th day).	Omitted by Drs. Trinks and Dudgeon.
Tearing in the sinciput.	Omitted by Drs. Trinks and Dudgeon.
Painful tearing in the vertex, with a sensation as if some one were pulling out a handful of hair, (4th forenoon).	Tearing in the temples, side of the head and vertex, with a feeling as if a handful of hair were pulled out. (DUDGEON.)
A tear in the right temple, (after 4 hours).	Omitted by Drs. Trinks and Dudgeon.
Several tears in the right temple, (after 8 hours).	Omitted by Drs. Trinks and Dudgeon.
Tearing in both temples, (2nd day).	Omitted by Drs. Trinks and Dudgeon.
Tearing in the right temple, (after eating).	Omitted by Drs. Trinks and Dudgeon.
Tearing in the right parietal bone, passing off of itself, (after 2 hours).	Omitted by Drs. Trinks and Dudgeon.
Tearing and shooting in the right side of the head.	Omitted by Drs. Trinks and Dudgeon.
Tearing from the left side of	[Refer back 10 symptoms and

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the occiput into the forehead on the left side, with vertigo, which lasted longer than the pain, (after ½ hour).	compare the original provings with Noak and Trinks' *fabrications* from which Dr. Dudgeon has chiefly translated].
A stitch in the left frontal protuberances, whilst standing	Omitted by Drs. Trinks and Dudgeon.
Shooting into the right frontal region, (after 2½ hours).	Omitted by Drs. Trinks and Dudgeon.
Shooting into the left temple, (after 2¼ hours).	Omitted by Drs. Trinks and Dudgeon.
Fine shooting in the right temple, which becomes a painful throbbing; passing off by rubbing.	Fine acute shooting in the frontal and temporal regions, passing into throbbing. (DUDGEON.)
Several small stitches in the right temple; afternoon.	Omitted by Drs. Trinks and Dudgeon.
Shooting in the right side of the head; afternoon.	Omitted by Drs. Trinks and Dudgeon.
Very acute shooting into the right side of the head, with throbbing, in the evening whilst sitting and standing.	Omitted by Drs. Trinks and Dudgeon.
Shooting in the left side of the head, (2nd morning).	Omitted by Drs. Trinks and Dudgeon.
Shooting in the right parietal bone superiorly, (after 7¼ hours).	Omitted by Drs. Trinks and Dudgeon.
Very violent painful shooting in the left parietal bone; then boring in the same ear, (after 7½ hours).	Shooting in the parietal bones, followed by boring in the ears and tearing in the jaws whilst speaking. (DUDGEON.) [Dr. Dudgeon's translation shows the omission of time again, with the "manufactory" of an additional ear and parietal bone as well as "jaws" to the original].

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Shooting in the left parietal bone, and at the same time tearing in the same jaw, while speaking, one hour after the midday meal.

On the top of the occiput insupportable shooting and tearing, inwardly from both sides, (after 3½ hours).

[Omitted by Drs. Trinks and Dudgeon, unless we accept the fabrication in the preceding symptom.]

Intolerable shooting superiorly in the occiput; or of a deeply seated obtuse character extending to the sinciput. (DUDGEON.)

[Dr. Dudgeon's translation here brings to light another fabrication. See third symptom in advance.]

Deep stitches into the brain at the right occipital bone more superiorly, in the afternoon.

Omitted by Drs. Trinks and Dudgeon.

Shooting in the left occiput, after the midday meal.

Omitted by Drs. Trinks and Dudgeon.

Many dull violent stitches in succession in the occiput, so that the pain spread itself into the sinciput, deeply seated interiorly, in the afternoon.

[Refer back to third preceding symptom for another fabrication and consequent omission by Drs. Trinks and Dudgeon. One symptom occurred after 3½ hours and another in the afternoon.]

Painful throbbing in the right side of the head, deeply seated, (after 2½ hours).

Omitted by Drs. Trinks and Dudgeon.

Rushing of heat to the head, perspiring hands, and burning in them, 1 hour after the midday meal.

Omitted by Drs. Trinks and Dudgeon.

Anxious rushing of heat to the head.

Omitted by Drs. Trinks and Dudgeon.

Headache with heat in the forehead, externally perceptible, (after ¾ of an hour).

Omitted by Drs. Trinks and Dudgeon.

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DR. DUDGEON'S ACCURACY AND FIDELITY.

Phrenitis. (In a man after 8 days who had already taken much *camphor*.)	Omitted by Drs. Trinks and Dudgeon.
Painful jerking in the right occipital bone, externally, (after 2½ hours).	Painful jerking in the side of the occiput. (DUDGEON.) [*Right* and time omitted.]
Intermittent painful jerking now in the right occiput, now in the outer surface of the left knee, lasting for a long time, always changing, not passing off by rubbing, after 2½ hours).	Omitted by Drs. Trinks and Dudgeon. [Surely this characteristic symptom was worth recording.]
Several fine stitches into the skin at the right occipital bone (after 2¾ hours); then several tears in the left parietal bone, as if in the bone.	Omitted by Drs. Trinks and Dudgeon.
Gnawing in the periosteum of the right temporal bone, (after one hour).	Gnawing in the temporal pericranium. (DUDGEON.) [Time as usual omitted.]
Throbbing externally in the right temple, and painful drawing in the bone of the same place, (after 2¼ hours).	Throbbing in the side of the head and temporal region, with painful drawing in the bone. (DUDGEON.) [Time omitted].
In his convulsions his hair stood on end.	Omitted by Drs. Trinks and Dudgeon.

The whole of the following 23 symptoms have been *entirely* omitted by Drs. Trinks and Dudgeon.

Hartlaub and Trinks, Vol. II.

1. Es ist ihr Augst, ohne zu wissen warum, (n. ¼ St). (HB.)	She is anxious without knowing why, (after ¼ hour).
2. Es ist ihm so ängstlich, als habe er einen Mord begangen, was vom Magen auszugehen scheint (n. ½ St.) (HB.)	He is as anxious, as if he had committed a murder, which [anxiety] seems to proceed from the stomach, (after ½ hour).

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DR. DUDGEON'S ACCURACY AND FIDELITY.

3. Zunehmende Angst mit Zittern am ganzen Körper, was im Gehen in der freien Luft fortdauert (n. 2. St.) (Hb.)
4. Sehr verdrüsslich, faul, schläferig, weinerlich, aergerlich. (S.)
5. Sehr vergesslich. (S.)
6. Der Kopf wie benebelt. (S.)
7. Kopf wüsste. (S.)
8. Der Kopf sehr befangen und tämisch. (S.)
9. Der Kopf ist ihm schwer und eingenommen. (Hb.)
10. Der Kopf schwer mit dumpfem Drücken, bei Bewegung arger. (S.)
11. Kopfschmerz in der Stirne bis zu beiden Schläfen. (Hb.)
12. Dumpfer Kopfschmerz in der linken Kopfhälfte. (S.)
13. Kopfweh, den ganzen Tag. (S.)
14. Drückendes Kopfweh in der Gegend über der Nase. (Hb.)
15. Drücken auf dem Scheitel und in den Schläfen, mit Stechen in den Schläfen, besonders in der rechten. (S.)
16. Zusammendrücken beider Schläfen gegen einander. (S.)
17. Im rechten Schläfe ein Schmerz, als wenn es ihn

Increasing anxiety with trembling over the whole body, which continues whilst walking in the open air, (after 2 hours).

Very peevish, lazy, sleepy, lacrymose, irritable.

Very forgetful.

The head as if muddled.

Head confused.

The head is very confused and clouded.

His head is heavy and confused.

The head heavy with dull pressure, increased by motion.

Headache in the forehead extending to both temples.

Dull headache in the left half of the head.

Headache the whole day.

Pressing headache in the region over the nose.

Pressure on the vertex and in the temples, with stitches in the temples, especially in the right.

Pressing together of both temples towards one another.

Pain in the right temple, as if it would drive it out, from

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DR. DUDGEON'S ACCURACY AND FIDELITY.

heraustreiben wollte, von wo das Gefühl herunter gegen die zähne zieht. (S.)	whence the pain draws down into the teeth.
18. Drückend stechender Kopfschmerz, Vormittags und Abends, der im Gehen veigeht. (S.)	Pressing shooting headache forenoon and evening, which passes off in walking.
19. Abends beim Niederlegen, stechend drückender Schmerz im Hinterhaupte. (S.)	On lying down in the evening, shooting pressing pain in the occiput.
20. Stechen, Drücken und Wundheitsschmerz im ganzen Kopfe, mit Gefühl, als wenn dann die Schmerzen durch die Augen wollten. (S.)	Shooting, pressing and soreness in the whole head, with a sensation as if the pains would come out of the eyes.
21. Heftiger Wundheitsschmerz innen im Kopfe. (S.)	Violent soreness in the head.
22. Kopfschmerz: Bohren, Zichen, Reissen, Klopfen, Drücken, alles durcheinander. (S.)	Headache: boring, drawing, tearing, throbbing, pressing, all one after the other.
23. Die Haare gehen beim Kämmen stark aus.	The hair falls out plentifully on combing.

Dr. Dudgeon at the commencement of the *Pathogenetic Cyclopædia* indicates the sources whence, he assures us, he has translated the *original provings*. Those of *cantharides* being from Hartlaub and Trinks' Arzneimittellehre and the Archive. An analysis of the foregoing symptoms will show that Dr. Dudgeon's statement is not in accordance with fact, and that out of 80 symptoms there have been only 27 of them translated, giving us 53 omissions, equal to more than 66 per cent. loss of symptoms in reference to the DISPOSITION—MIND and HEAD. When we add 23 symptoms entirely omitted from the 2nd vol. of Hartlaub and Trinks, we have 76 omissions in 103

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symptoms, equal to upwards of 73 per cent. This per centage,—in a translation of not the tenth part of Canth., which numbers in Hartlaub and Trinks *alone* 1098 symptoms,—quite out-Herod's Dr. Hempel, who out of 561 symptoms in *sarsaparilla* omitted not quite 41 per cent.

The 27 symptoms of *cantharides* with which we have been favoured are, with *one* or *two* exceptions translations from the German text of Noak and Trinks' *Handbuch*—a work which I have shown to be *unreliable* and full of *fabricated* symptoms. This work omits *time* almost entirely as will be seen by Dr. Dudgeon's translations.

As I have in former papers dwelt upon the importance of the most minute individualities in symptomatology being preserved, of which *time* forms an item of so much value, I cannot forbear quoting in reference to it, from an admirable article on *Drug Proving*, in the *American Homœopathic Review*, of last December. The author, Dr. P. P. Wells, a highly practical physician, says: "It is important that the natural order [of symptoms] be preserved, because all symptoms in the series are not of equal value, and *one of the elements* which enables us to determine the value of symptoms is the *date of their occurrence after the taking of the dose* producing them." This is indeed the opinion of all practical men whose judgment is of the least value. When we see the utility of time being noted, the *fabrication* of symptoms from others, apparently alike, yet occurring in different sexes, at different times, and under different circumstances, is a most reprehensible falsification of the means with which we have to combat grave disease.

Having thus far glanced at Dr. Dudgeon's blunders, I leave the reader to decide whether or not he merits "their *confidence* in the *accuracy* and *fidelity* of his *translations*." He will excuse me if I withhold mine,—and in declining the task which he assigns me of correcting the remainder of his "works," I would remind him that I have only yet

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touched on *two* remedies out of *323* which enter into the composition of the *Pathogenetic Cyclopædia*. This will afford others as well as myself work enough for some time. He ought to learn to correct his own compilations and to translate from reliable sources. Dr. Dudgeon seems to plume himself very much on his "*writings*," but there is a vast difference between book-makers and writers, and I fear we must place him in the former category. If Dr. Dudgeon will refer to the *Homœopathic Times* of Jan. 14th, 1854, beginning at page 314 of the 5th volume, he will perceive that I am not singular in my views. I have no doubt that, during twenty years of such occupation he has profited more than his readers, if we may judge from the specimens before us. With regard to Dr. Dudgeon's sneers at my mode of practice, in the use of Repertories, I can very well afford to give him unlimited licence in this respect, and if they serve his purpose better than a more straightforward, honest, and professional course he is quite at liberty to indulge them. He must be a greater "ignoramus" than I took him to be, however, if he is not aware that Jahr's "Systematisch-alphabetisches Repertorium der Homöopathischen Arzneimittellehre," a work which I am in the habit of using in the sick-room,—contains a more practical and better condensed Materia Medica than most of the English manuals now in use.

Finally, were it my cue to fight Dr. Dudgeon with his own weapons, his intemperate letter would furnish me with ample means. I prefer however to employ my time and energies in searching after Truth. This is far more in keeping with my own position, if less in harmony with that which he has assumed in putting on the *cap and bells*.

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"THE NEW INQUISITION."

"THE readers of the *British Medical Journal* have been regaled during the last few weeks with a series of *capucinades* on iridectomy. They are told that it is a 'fashionable' operation, and are left to draw whatever charitable inferences can be drawn from the use of that epithet. They are further led to suspect the operation on two grounds. First, that it has no practical benefit, or rather that it is mischievous; and secondly, that it is 'mysterious' and 'incomprehensible to the general observer;' its 'principles are not capable of clear and simple definition;' and 'those who practise it can give no satisfactory account of its *manner of action*.' Now, as to the former of these lines of argument, it cannot be followed out too boldly. If that be true which is whispered in secret by some men, and which is stated frankly by Mr. Syme, that patients hopelessly blind are deluded into paying money and suffering pain, and then that they hold their tongues because they do not like to be undeceived, the sooner it is proved the better. We have not a word to say against any argument founded on fact.

"*What we do repudiate is, the attempt to prejudge the case by* à priori *or rationalistic arguments—to raise a clamour against the defendent, on the ground, not only that he perseveres in practice which experience shows to be wrong, but of which reason or 'general principles' of the profession, show that it cannot possibly be right. As we said before, it will be a bad day for the progress of Medicine, when remedies, be they drug or operation, shall be tabooed, because some self-constituted judge pronounces them contrary to his 'principles,' or that the 'manner of action' is above his comprehension.*

"Of course, if this ground of condemnation (which, by the way, is not conceded by iridectomists, for they *do*

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"THE NEW INQUISITION."

explain *the* operation) were admitted as regards iridectomy, it would not rest there. *In all ages persecution is the favourite weapon of all who feel themselves weak in argument. It is much easier to raise a cry, that a successful rival is violating acknowledged principles, than to rebut his facts. And if the good sense of mankind did not hinder it, we should have bigots now, as of old, whether in theology or science, punishing contumacious antagonists by spoliation or imprisonment.* Professor Syme, at a *Conversazione* of the Royal College of Surgeons of Edinburgh on Thursday, spoke of one of his colleagues who had actually placed in the hands of his students a printed list of 800 fevers! We wait for further information as to who the Professor is, whether the 800 be really 800 or a lesser number, and whether they be kinds of fever or mere names and synonyms. In any case, the culprit has acted clearly contrary to 'acknowledged principles,' we fear. There *ought*, according to 'principles,' to be three fevers, and three only; and these are more than enough for students; and as for any wretch who pretends that more than three *exist* in fact, Professor Syme shows how he should be dealt with:—

"He would require the teacher to produce a syllabus of his course, and if it should thence appear that he loaded his pupils' memories with undigested or indigestible details, or allowed an unruly hobby to carry him away from the field of practical utility to regions of unprofitable speculation, or, still worse, taught doctrines not conducive to sound practice, he would endeavour to correct the evil by remonstrance, by censure, or, if necessary, by deposition."

"Most men in the nineteenth century would say, abolish monopolies of teaching, don't compel students to attend a course delivered in a College by a blunderer, if they can hear a better course outside the College. Pro-

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fessor Syme, in the spirit of the thirteenth century, would sit in judgment on an erring brother's doctrines; and of course, as the Professor is infallible, and knows what sound doctrine and sound practice are, and will be to all eternity, he is quite right thus to speak. And, really, he is very merciful, for starvation is a slow death, and not like the fire and fagots which our ancestors would have used. We hope all surgeons and others whom it may concern will take heed. Chemists are particularly advised to cut down the enormous lists of compounds with which they have loaded their pupils' memories of late years; botanists are warned to amalgamate most of their species and varieties. Murchison and Jenner must beware how they discover new forms of fever; and Graefe and Bowman, ere they devise a new operation, must have it plainly described in words of one syllable, and see that it is comprehensible to the British Medical critic."

The professional readers of the *Homœopathic Review*, no doubt, see the *Medical Times and Gazette*, each week, *they*, therefore, need not be told that the foregoing remarks appeared as a leader in our allopathic contemporary of Dec. 26th, 1863.

Through what changes has the soul of the allopathic Editor passed? Lucian's cock was heretofore Euphorbus a Captain:

> "Ille ego (nam memini) Trojani tempore belli
> Panthoides Euphorbus eram—"

but the Editor of the *Medical Times* seems to have changed from the ruthless and cruel warrior, into a very "sucking dove."

The article which we have quoted from the *Medical Times* publishes an amnesty to the world of free-thought —would that we could believe that there is no *arrière*

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pensée—no mental reservation—by which the homœopathist is specially excluded from grace and pardon. We, however, cannot forget how persistently the *Medical Times* has slandered, and abused, and misrepresented, the adherents of the law of *similars*. We cannot exclude from our memory the fact that the journal in question—though not it alone—hounded on the mass of practitioners to threaten, and abuse, and taboo such men as Fergusson and Adams because they were suspected of having knowingly met homœopathists in consultation. We cannot help remembering how the *Medical Times*—like the King the Editor never dies—rejoiced, and glorified itself, in the invention of the term "*homœoquack*." We cannot forget these things, and therefore we doubt the universal application of the charity which animates the leader of the 26th of December.

How could the Editor sit down and deliberately write words so condemnatory of his own actions? Only the week but one before, he had devoted a leader to the denunciation of "popular medical errors;" and after ridiculing the vulgar notions about "mother's marks"—"miraculous springs"—"dog-days"—and "spontaneous combustion"—he concluded by promising to shew a "spice of his quality" in attacking "Homœopathy, Teetotalism, Vegetarianism, Phrenology, *et hoc genus omne*."

Alas—the millenium of medicine has not yet dawned;—the lion and the lamb are not yet to lie down together in peace and harmony; nor, until the Editor of the *Medical Times* practises that which he preaches, shall we lack, during his tenure of office, a professor of the oratorical art of "*bunkum*."

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DISPENSARY REPORTS.

PENZANCE HOMŒOPATHIC DISPENSARY.

Extracts from the Report for 1863.

Read at the Annual Meeting, January 15th, 1864,

By J. H. Nankivell, M.R.C.S.

Gentlemen of the Committee,—I am happy to inform you that the number of patients seeking relief at this Institution has, during the past year, been 650—an increase of 300 over the number for 1862: of these, 240 persons have made good recoveries; 212 have been much benefited (of 73 I have received no account); 32 were probably incurable; and 74 remain under treatment. The number of deaths has been 19,—being from consumption, 8; scrofula, 1; cancer of the liver, 1; laryngitis, 1; congestion of lungs after measles, 2; bronchitis, 1; infantile convulsions, 1; heart-disease, 1; hydrocephalus, 1; scarlet-fever, 2; 6 of these cases were persons who were prescribed for at the Dispensary during a month, and not receiving benefit, they sought advice elsewhere, so that the total number of deaths has really been 13, or 2 per cent. on the total number attended.

These returns (the accuracy of which you can easily verify by referring to our Case Books) show that under the system of medical treatment called homœopathic—a system having its foundation in the immutable laws of nature—the benefit derived by sick persons is, at the very least, equal, upon the whole, to that which is derived from any other system of medical treatment. In addition to the ordinary recoveries from maladies of a grave character, we have this year had a few cases of a most important nature, which have promptly yielded to our gentle remedies after the diseases had proved to be intractable under a more energetic treatment. It is very possible that the converse of this may at times occur, and that after homœopathy has failed to cure, a recovery from illness may take place under quite another system of treatment. All I claim for homœopathy is this,—that it is in every respect entitled to the thoughtful consideration of men of intelligence and research, because it pro-

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fesses to be, and I believe is, founded on the eternal verities of nature; and because, notwithstanding that it has been subjected to an enormous amount of calumny and misrepresentation, it moves onwards, influencing, to an unknown and unacknowledged amount, the general practice of medicine, and gradually acquiring for itself that definiteness and certainty so much to be desired in the healing art.

It is very evident that the day is not far off when mere opinion and tradition will no longer have any weight in medical science; and when a practice, the very opposite of empirical, will become established,—a time when the natural history of every disease will be studied, and when it will be known with accuracy when a malady has run its course uninfluenced by medicines; and when, on the contrary, it has been notably modified and healed (or cured) by the means used. Now as soon as it became notorious that under homœopathic treatment many good recoveries took place, those who were opposed to our pretensions announced, for the first time, that about eighty out of every hundred cases of disease would get well spontaneously, provided there was a little care in diet, and so on. Now if this statement is true, it is quite clear that every honest physician should distinguish such innocent cases from those which are more formidable, and not trouble such invalids with medicines at all.

It cannot be too frequently repeated that the reason why we give small, or infinitesimal, doses is because we administer that which will produce a medicinal effect which shall be like, or it may be, in some instances, almost identical with disease-effect; and we have every reason to conclude, from reason and experience, that it does not require a large dose of a medicine to antagonise a morbific cause. It is the cause of disease which we have to look at, more than at the effect; for if we can reach the fountain and origin of the disorder, it truly does not require crass medication in order to restore health. It does not require a large dose of malaria to produce ague, or typhus; or of the poison of measles, scarlet-fever, or whooping-cough to produce these diseases; and it must, in the very nature of things, be

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true, that the medicines we give are, at all events, in *bulk* proportionate to the *bulk* of that which occasions disease.

The homœopathic science is not perfect, but those who study it are doing so with as much regard for truth, and for the alleviation of pain and misery as any other body of physicians and surgeons. We then rightly claim for it that it shall be allowed to stand shoulder to shoulder with its rivals; and we assert that any one who flouts or contemns it must be utterly unacquainted with its literature. Indeed, when so little is known even by the most renowned professors in our colleges and hospitals of the real nature of disease, it certainly behoves all men to exercise much forbearance and diffidence in their conclusions and generalizations thereon. The symptoms of disease, objective and subjective, are constantly before us; they speak a language of their own; they are endowed with a faculty of expression; and he is the best physician who is able to construe and interpret rightly the utterances they afford us.

It is perfectly refreshing, amidst the baseless dogmatism that one sometimes hears, to commune with such men as Dr. Bennet, the Professor of the Institutes of Medicine and of Clinical Medicine in the University of Edinburgh. I shall give a few quotations from a lecture of his which appeared in the *Lancet* for December 12th, 1863:—"An antiphlogistic treatment, formerly supposed capable of cutting short inflammation, not only fails to do so, but constitutes a most fatal practice." "In acute rheumatism, is it not obvious that the disease follows a certain progress, and that although many of our remedies may retard convalescence, it has yet to be proved which, *if any*, shorten its duration one hour." "In all the changes and revolutions of our science and art they have steadily progressed; and if, at the present time, *a revolution in therapeutics* is rapidly being effected, it only indicates a state of things upon which all true lovers of the profession have reason to congratulate themselves." "The theory of the change of the type of disease is altogether fallacious, and entirely opposed to all the well known data which pathology and physiology have accumulated in modern times."

Take the opinions of the learned and erudite Dr. Neumann,

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of Berlin :—"The homœopathic maxim of giving remedies is preferable to that of the allopaths, and I feel convinced that the very large majority of cases of disease ought to be treated homœopathically, and only the small minority allopathically."

Once more :—Professor Hoppe, of Bâsle, a man of world-wide reputation, and who always designates himself with amusing caution "nicht Homöopath," is constantly in the habit of publishing cases which he has treated with success by means of homœopathic dilutions. It is quite unnecessary to add that these gentlemen do not belong to us, but they nevertheless occupy a border-land, on which philosophy gets a hearing in preference to old-world superstitions.

I cannot resist the temptation of laying before you at this, our Annual Meeting, a few notes of a discovery which has very recently been made, and which those best able to judge about it have pronounced to be replete with the most important results for the practice of medicine

Herr V. Recklinghausen has made a very brilliant discovery, viz., that pus corpuscles are capable of exhibiting contractility, even days after they have been removed from the human body, in the same manner as blood corpuscles or lymph corpuscles; that this arises from an inherent physical power; that, further, there are moveable corpuscles peculiar to cellular tissue which seem to move spontaneously through the areolar meshes (much in the same manner as we notice vegetable cells moving under the field of the microscope). Now Virchow, who is generally regarded as the greatest pathologist of the age, believes that these phenomena have a most important signification; and he has no doubt that he shall be able to unravel their meaning. He adds, that the moving cells peculiar to areolar tissue are not only found in lymphatic vessels, as so-called lymph corpuscles, but that they are found external to these, passing hither and thither; that, further, they pass into the epithelial layers of the mucous membrane, and then come to the surface as mucous corpuscles and epithelial scales; and, what is still more important, that they penetrate into effusions of blood, or fibrinous deposits, giving rise to organization.

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Professor Hoppe appends to this account his opinion that it is impossible to overrate the value of this discovery, as we shall now be able in our investigation to search far beyond the mere influence of medicines on the muscular cells of blood-vessels; that we shall be able to take a much wider range of view and of experimentation when we regard the contractility of the corpuscles of cellular tissue, of pus, of colourless blood, and of lymph.

These researches can only have one effect, viz., to lead men away from the gross materialism of the day, and teach them that microscopic anatomy has no harmony with massive doses, nor cellular and molecular physiology any fraternity with the prescriptions of a bygone age.

There is a subject of vast importance which I must make some allusion to, because it is one in which every one is interested,—I mean that of epidemic disease. It is well known that a treatment which is very successful in an epidemic of one year, is not at all beneficial in a disease of a similar character appearing in another year. This has been well known since the days of Sydenham.

In December last, I sent to the *Homœopathic Review* a report of cases of scarlet-fever and "throat-fever," treated with *apis mellifica*, or, in other words, with a diluted tincture of the poison of the honey-bee; and I stated that I had had every reason to be satisfied with the effects of the medicine.

Tincture of bee-poison, as far as I can learn, has never before been given in this most fatal and terrible disease, and my reason for administering it was this:—Early in September last, a gentleman requested me to visit his little boy, who was suffering from a severe attack of scarlet-fever; a bright rash covered the body, except on the fore-arm, on the right side, the whole front part of which was perfectly white in consequence of his having been stung there by a bee ten days before. It was reasonable to suppose, that if bee-poison could so alter the condition of the capillary vessels of the arm as to render them insensible to, and unimpressible by, the scarlatina-poison which pervaded the body generally, I say it might be fairly concluded that the *apis* poison

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would, if given as a medicine, have a good effect in modifying and allaying the disease; and my experience since that time has fully convinced me of the truth of the conjecture. I have, in this town and neighbourhood, attended several families attacked with scarlet-fever, and that masked form of it called "throat-fever," and in not one single instance in which the medicine has been given, in the eruptive state of the disease, has it failed to give most signal relief.

It has been said by some physiologists that animal poisons, when taken into the stomach, do undergo a process of digestion and change, so that they are thereby rendered inert; but every one who keeps pace with the science of the day knows that this opinion is utterly untenable, and that highly diluted medicines are absorbed in every part of the tract from the mouth to the stomach, and even in the latter are beyond the reach of the digestive processes.

BRIGHTON HOMŒOPATHIC DISPENSARY,

6, Prince Albert Street.

WESTERN BRANCH—7, Osborne Street, Cliftonville.

Medical Officer—Dr. RICHARD HUGHES, L.R.C.P. & M.R.C.S.L.

Secretary—Captain HENRY JAMES, R.N.

Chemist—Mr. JOHN OCKENDEN, 6, Prince Albert Street.

Number of patients attending during the Quarter ending December 1863, at the Dispensary, Prince Albert Street:—

October	533
November	475
December	502
	1510
Ditto at Branch Dispensary, Osborne Street, Cliftonville...	28
Total	1538

Number of patients	1538
Paying 1s. a month	309
Admitted on Subscriber's recommendation	112
Visited during the Quarter at their own homes...	1036

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DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. Drysdale.
Consulting Surgeons—John Moore, Esq., and Dr. Roche.
Consulting Physician for Cheshire—Dr. Wright.
Physician—Dr. Blumberg.
Surgeons—Dr. Hayward, T. H. Willans, Esq., and E. L. Hudson, Esq.
Honorary Dentist—H. C. Quinby, Esq.
House Surgeon—F. J. Tucker, Esq.
Non-Resident Stipendiary Physician—Dr. Simmons.
Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of December was as follows:—

New patients	496
Old „	1739
Total	2235
The number of visits paid (old)	220
The number of new patients visited	52
Total	2507

The Annual Meeting of the Subscribers was held on Saturday afternoon in the Board-room of the Institution, Hardman Street. The following gentlemen were present:—Messrs. I. Ashlin, A. J. Mott, C. Grayson, T. Dismore, Ellerbeck, W. Cleaver, J. Willis, W. H. Abbott, &c., &c. In the absence of Mr. J. Yate Lee, the Chairman, Mr. I. Ashlin, was called upon to preside.

From the report, which was read by Mr. S. J. Capper, Honorary Secretary, we have taken the following extracts:—

The Committee of the Liverpool Homœopathic Dispensary have much satisfaction in reporting the continued success of this valuable institution. Twenty-three years having elapsed since it was first thrown open to the public, it is satisfactory to find that a greater number of patients have availed themselves of its benefits during the past year than in any previous year. This is a practical and conclusive proof of the favour with which this system of medicine is regarded by the poor. The number of applications at the Dispensary during the past year has been 29,882, and the number of prescriptions dispensed 33,621. The number of new patients 6959. The number of new patients

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admitted since the Dispensary was established in 1841 amounts to 100,854. During the past year 552 patients have been visited at their own homes, and the number of visits paid 3231.

Your Committee desire to acknowledge the valuable services of Mr. Quinby as Honorary Dentist to the charity, and have pleasure in testifying to his unremitting attention. He reports that there have been 164 applicants for dental operations and advice; and the number of operations performed have been 194. The rules of the Institution have recently undergone revision. A copy of these rules will be sent to each subscriber, and it is hoped they will meet with general approbation. Notwithstanding the great increase of patients, your Committee are able to report that by exercising the strictest economy they have succeeded in reducing the debt on the building to a sum under £70. It is most desirable that this sum should be paid off, and they trust this may be accomplished during the present year. Two benevolent friends of the charity have each offered to contribute £10, provided others can be found willing to join in liquidating the debt. This generous proposal, it is hoped, will meet with further support. Your Committee are, however, more particularly desirous to urge upon those who have experienced the benefits of homœopathy to become subscribers to the charity. It is by annual income that such institutions are sustained, and were sufficient funds provided there is scarcely any limit to which the advantages might not be extended.

A second visiting medical officer is much required; nor will your Committee ever be able to carry out the system to its full extent until accommodation can be provided for the reception of in-door patients. It is with the utmost regret your Committee have to report the great loss they have sustained in the death of their Deputy Chairman, Theodore W. Rathbone, Esq., whose knowledge of business, combined with his well-known courtesy and kindness, and zealous interest in the affairs of the charity, rendered him for many years one of the most useful and valued members of the Committee. The Committee gratefully acknowledge the continued liberal support of the Town Council; and they also thank the Rev. W. H. Wright and the members of Christ Church, Everton, and the Rev. H. S. Brown and the Myrtle-street congregation, for their annual contributions. The Committee likewise beg to thank the Honorary Medical Officers for their services during the past year.

The following gentlemen were appointed the Committee for the ensuing year:—Mr. J. Yate Lee, Chairman; Mr. Rogers S. Waterhouse, Deputy Chairman (in the place of the late Mr. T. W. Rathbone); Messrs. Robert Neilson, Thomas Haddock,

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H. Tate, Thomas Dismore, A. J. Mott, W. H. Beckett, J. J. Edgar, Isaiah Ashlin, John Bibby, J. Willis, Charles Grayson, and W. Cleaver; and the Revs. W. H. Wright, and J. Evans, M.A. Mr. J. J. Edgar was reappointed Treasurer, and Mr. S. J. Capper Honorary Secretary.

Mr. DISMORE, in moving a vote of thanks to the Honorary Medical Officers, said that besides giving their professional services they had been of great assistance to the Committee in improving the internal management of the Institution. One great improvement had been made during the year in the appointment as Out-door Physician and Surgeon of Dr. Simmons, who for a comparatively small sum gave his attendance every morning at the Institution until the whole of the patients were attended to, and, as soon as the funds would permit, he thought it would be desirable to engage another gentleman on the same terms. The report no doubt was very satisfactory, but it must not be forgotten that although they had lived within their income and had reduced the debt on the Institution, it had been somewhat at the cost of the patients, to whom they had been obliged to refuse such medicines as cod-liver oil, on account of their expensiveness. The public must therefore not imagine that because the Institution was in a flourishing condition it was doing all the good it ought to do, and would do if the funds were greater. If the public would give the Institution sufficient support to enable the Committee to put beds into the rooms which had been built for the purpose, so that the medical officers could have the patients under their care day and night, and be able to watch the progress of severe cases, the Institution would become a valuable school for the education of pupils in the practice of homœopathy, and the results would tend to establish more firmly in the minds of the community the value of the simple treatment used there.

Mr. ELLERBECK seconded the motion, which was agreed to; and thanks having been voted to the Chairman for presiding, the proceedings terminated.

YORK HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. DUNN, Physician to St. James' Hospital, Doncaster.

Surgeon—ALFRED C. POPE, Esq.

Extract from the Report for the Year ending December 1863.

The York Homœopathic Dispensary has now been established twelve years. Since it was first opened, 1,552 patients have been admitted. During the past year 289 cases have been

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entered, being 120 more than during 1862. For several years past the number of applicants for relief has been steadily increasing, as the following table sufficiently proves:—

In 1858	there	were	admitted	86 cases.
„ 1859	„	„		68 „
„ 1860	„	„		94 „
„ 1861	„	„		136 „
„ 1862	„	„		168 „
„ 1863	„	„		289 „

Gratifying as is the increased and increasing appreciation of the Institution exhibited in these figures, the number of patients relieved may be greatly augmented by additional subscriptions enlarging the facilities for obtaining admission to it. To such as have derived advantages from homœopathy, the interests of this Institution are especially commended. To them it offers a medium through which they may provide their poorer neighbours with that form of medical treatment to which experience has taught them to attach so high a value.

The following table exhibits the amount of work accomplished at the Dispensary during the past year, with its results:—

On the books Dec. 31st, 1862	35	
Patients admitted since	289	
Cured		173
Relieved and greatly improved		68
Irregular and unaltered		25
Dead		10
Remaining on the books		48
	324	324

Number of prescriptions dispensed, 1948.

The patients returned as "irregular and unaltered," are those who only visited the Dispensary when entered, or once subsequently.

Erratum.—In Mr. Pope's paper in the January number, page 7, lines 3 and 4, *for* "that implicit confidence in things spiritual which," *read* "that implicit confidence which in things spiritual."

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THE MONTHLY HOMŒOPATHIC REVIEW.

A TROUBLESOME DOCTRINE.

SCARCELY a week elapses without the appearance, in the literature of the allopathic school, of evidences of the truth of the homœopathic law, revealed in the practice and teaching of its ostensible opponents.

In our earlier career, as homœopathic Journalists, we did propose to ourselves the task of noting and publishing, month by month, those various evidences, so inconsistently given; but we found the iteration and reiteration of the cry, "*another and yet another,*" tedious to ourselves, and wearying to our readers.

There are, however, occasionally, instances of allopathic evidence in favour of homœopathy which we cannot well pass over. Thus, in some of the medical journals of the present week, we note statements which are surprising, when we consider the hatred which the editors of those journals have ever shewn to the followers of Hahnemann.

In the *Medical Circular* of Feb. 10th, is a letter from Dr. G. De Gorrequer Griffith, of the Lock Hospital, in which he reveals the troubles of his mind, because "*opium, at one time, will behave itself as a stimulant, at another, as a paralysing agent, and that lead may, in certain quantities,* PREVENT, *while in larger doses it will* PRODUCE *abortion.*"

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A TROUBLESOME DOCTRINE.

How the law of *similia similibus* seems to bother these poor men!

The following is Dr. G. De Gorrequer Griffith's letter, *in extenso*. If he is not a homœopathist, what is he?

"THE BROMIDE OF AMMONIUM IN AMENORRHŒA.

"*To the Editor of the Medical Circular.*

"SIR,—Would you kindly allow me through the medium of your columns, to ask the members of our profession, if they have, in any instances of the above-named affection, found the Bromide of Ammonium useful? Some little time since I demonstrated this drug to be an emmenagogue, and that too of powerful action. Drs. Locock and Dewees have recorded the good effects of the ergot in amenorrhœa; and their statements have received the corroboration of Nauche, Pauly, and Roche. Now we know, that this latter drug most powerfully checks uterine hæmorrhages —that opium will behave itself, at one time, as a stimulant, at another, as a paralysing agent, and that lead may, in certain quantities, prevent, while in larger doses, it will produce abortion. Of many other medicines, which act thus *oppositely* in *different* doses, I might cite numerous examples, but I content myself with the references which I have made. Dr. Churchill, in his new work on 'Diseases of Women,' speaking of the ergot, says '*that ergot of rye will originate and augment uterine contraction is known to all, and also that it will control uterine discharges therefrom;* but upon what principle it could be supposed to possess the opposite power,—viz., that of exciting or increasing the menstrual secretion, I do not know.'

"I lately published a paper in your journal, in which I called attention to the benefit derivable from the use of the Bromide not only in Amenorrhœa and Dysmenorrhœa but likewise in Menorrhagia and Metrorrhagia.

"I seek not to offer an explanation of the *modus operandi* in these diametrically opposite conditions.

"G. DE GORREQUER GRIFFITH.

"Lock Hospital."

We now turn to the *Lancet*, Feb. 13th, and there we

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A TROUBLESOME DOCTRINE.

find Dr. Charles R. Drysdale proving the homœopathic action of *mercury:* and further on, a staff-surgeon—shame on him—explaining the law of *similars,* in the successful treatment of burns, by warmth.

Dr. Charles Drysdale's letter is headed—"*Is Mercury a Therapeutic Agent?*" We cannot give the whole of his communication; but the following extracts will be sufficient.

"In the paper read by me on Nov. 19th (at the Harveian Society) I pointed out the extreme difficulty that lies in the way of the discovery of specifics for disease. We can understand the action of Epsom salts, chloroform, &c., *because we know what effects they produce on* the healthy frame; but, with the exception of quinine in ague, we have perhaps no undisputed specific or antidote for any diseased condition. Mr. Stuart Mill, accordingly, points out that the true method of treating disease is the *deductive,* or so-called *rational* treatment. Skey, Desruelles, Copland, &c., have shewn that mercury has the physiological property, as shewn on dogs, &c., of producing caries of bones, and complete degradation of the animal frame. Of all the properties assigned to mercury, its cathartic power is the only undisputed one; and from its evil effects upon some individuals, it appears obviously to be a bad purge. It has been called a cholagogue; but experiments on dogs (*Beale's Archives,* vol. i.) have shewn that it actually *diminishes* the secretion of bile. The use of calomel and opium is now abandoned by the most eminent surgeons in traumatic cases, and in peritonitis. In iritis, mercury has been shewn to be useless, nay injurious, by Hugh Carmichael, Dr. H. Williams, of Boston (who treated sixty-four cases of iritis without it), by Dr. Hughes Bennett, and by Mr. Zachariah Laurence. *Even Mr. Acton confesses that he thinks iritis is sometimes* CAUSED *by the use of mercury.*"

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Dr. Charles R. Drysdale then proceeds to shew the existence of abundant evidence proving the dangerous character of this drug, on the one hand; or its over-rated powers, as a specific, on the other.

We have quoted his letter, however, merely for the purpose of shewing how naïvely the author reveals the homœopathicity of this mineral, in its primary and secondary effects. "It has been called a *cholagogue*"—as it is, in some doses, and some conditions of the organism;—"but experiments on dogs," continues Dr. Drysdale, "have shown that it actually *diminishes* the secretion of bile."

Dr. Drysdale merely labours under the same trouble which affects his colleague, Dr. G. De Gorrequer Griffith, of the Lock Hospital, who tells us "that of many other medicines, which act thus oppositely in different doses, I might cite numerous examples."

"Even Mr. Acton," writes Dr. Drysdale, "confesses that he thinks iritis is sometimes *caused* by the use of mercury;" and yet it is well known that in iritis *mercury* is Mr. Acton's sheet-anchor. This dogma of *similars* crops up in every direction.

Our allopathic brethren are wandering, helplessly, without a law of therapeutics to guide them. The occasional glimpses of the homœopathic law which they catch, seem only to irritate them. They have arrived at the conclusion that the doctrine of the homœopathic school is arrant quackery, and therefore they *will not* believe. But what is to become of a school of which poor Dr. Charles Drysdale thus writes in the concluding paragraph of his letter?—

"In the animated debate which followed on the reading of this paper, Mr. de Meric and Mr. Lane advocated the doctrine and practice of Mr. Ricord. Mr. Weedon Cooke, Mr. Sedgwick, and Dr. Griffith asserted that mercury was

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injurious in syphilis. Dr. Menzies and Dr. Sisson thought that *small* doses of the drug were useful in syphilis. Dr. Pollock and Dr. Graily Hewitt gave evidence against mercury as an antiphlogistic, or in puerperal cases. Mr. Curgenven advocated its use in syphilis and acute hydrocephalus; whilst Dr. Ballard thought it peculiarly dangerous in the latter complaint. Mr. Zachariah Laurence completely abjured the use of mercury in iritis, whether syphilitic or otherwise. Mr. Ernest Hart, although not using it in ordinary iritis, was an advocate for it in *selected* cases of syphilis and syphilitic iritis. Mr. Allingham shewed how fatal the treatment of infantile syphilis by mercury was—being 30 per cent. of deaths.

"Two travellers of such a cast,
As o'er Arabia's wilds they past—
* * * * * *
Then first the creature found a tongue:
You all are right—and all are wrong."

How many years of sorrow and trouble have passed since we last saw our dog-eared *Speaker;* but in reading Dr. Drysdale's letter, we could not help recalling the story of the chameleon. The *selected* cases of Mr. Ernest Hart, and the *small doses* of Drs. Menzies and Sissons, represent the favourable aspect of mercury, in its specific or homœopathic direction; while the massive doses and unselected cases—where the drug is not homœopathic to the symptoms, or when, although homœopathic to the symptoms, the dose is too large to act curatively—represent the injurious aspect of the poison.

We pass now to the letter addressed to the Editor of the *Lancet* (Feb. 13th) by a Staff-Surgeon. We give it without further comment.

"Treatment of Burns.

"*To the Editor of the Lancet.*

"Sir,—Mr. Skey, in the *Lancet* of January 2nd, makes the

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following remarks:—'The smarting pain caused by a burn or scald on the hand is relieved, and, if not very severe, is almost removed, by subjecting the hand to the influence of the heat of a fire. The closer it is held—the more severe the pain caused by the undue heat, the greater is the amount of permanent relief. What is the theory of this? I cannot pretend to give a satisfactory explanation of the 'phenomenon,' &c.

"Theory.—The burn has produced highly increased action and intensely augmented sensibility, which sensibility or pain is diminished by holding the hand to the fire—that is, exposing it to an influence of the same kind, but inferior in degree, to that which occasioned the injury. *Similia similibus.* In passing suddenly from a hot bath into the cold air, the sensation is disagreeably painful, but would be imperceptible by a gradual transition, whereby the same action is maintained by the same stimulus of heat continued in diminishing degree. The impression of cold air is severely felt by a part whose sensibility has been suddenly and intensely exalted by exposure to hot steam or scalding water, and the extent and effect of this transition are in some degree limited and obviated by the application of carron oil, cotton wool, &c., which prevents the access of the cold air, maintains the heat of the part, and so favours a continuance of the same action. The therapeutic effect of turpentine, nitrate of silver, &c., seems to be dependent on their stimulating agency in maintaining the existing high action in a diminished degree.

"The correct treatment and alleviation of pain in frost-bite are explained on similar principles.

"Frost-bitten parts are rubbed with snow, and the same or existing action is gradually diminished by applying a minor degree of the same stimulus; and in this way also less pain is occasioned than by applications which suddenly attempt to induce an opposite or contrary or different action, as would result from holding frost-bitten fingers to the fire, or covering burns or scalds with bladders of ice.

"In such cases where the parts are intensely inflamed and sensitive, pain is increased by applications the object or effect of which is suddenly to produce a different or contrary action—an

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action at any rate widely different in degree from that which exists. Attempts to occasion a sudden diminution, alteration, or inversion of existing high action in morbidly sensitive parts are extremely painful, and, being also very hazardous, it is better to conduct *gradatim* the present state of things to its normal condition, and in so doing we shall fulfil our function *cito, tuto, et jucunde.*

"Your constant reader,

"A STAFF-SURGEON."

We cannot help wondering what the readers of the *Lancet* and the *Medical Circular* think of these things? Can they peruse such startling evidences—given by men of character and standing—and yet treat their homœopathic brethren as quacks and imposters?

It is rather singular that the editors of the allopathic journals have themselves made no comment on the letters which we have quoted. We remember well how careful the *Lancet* was (March 13th, 1858) to shew that the cure of stomatitis by chlorate of potash offered no real support to the doctrine of the homœopathists. Its argument, such as it was, is quite applicable to the cases we have quoted in the preceding pages, and we will, in justice to our contemporary, reproduce it.

"Mr. Hutchinson," says the *Lancet*, "has recently drawn our attention to some interesting cases *illustrative of the power of chlorate of potash to produce a form of stomatitis exactly resembling the one over which it possesses specific powers.* The cases in which he has observed this effect are four in number."

After relating the cases, the Editor makes the following comment:—"It is to be noted, that these facts offer no real support to the doctrines of the homœopathists. What they do prove is this: *that a remedy which exerts an influence on a particular tissue, when in a state of health, will be likely also to influence the same when diseased.*"

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So say the followers of Hahnemann; and, like Mr. Hutchinson, they treat the disease of a particular tissue, by the remedy which has the power of affecting it similarly, in a state of health; and long before the days of Mr. Hutchinson—and before the *Lancet* had ventured to explain the double physiological action of chlorate of potash—Hahnemann had anticipated the language of that journal, in the well-known dogma—

Let likes be treated by likes.
"*Similia similibus curentur.*"

OBSERVATIONS ON PHYSIOLOGY AND PATHOLOGY IN RELATION TO MEDICINE.

By Charles G. Watson,
Assistant-Surgeon to the London Homœopathic Hospital.

The discussion which is now being carried on so spiritedly in the pages of this *Review*, between Mr. Wilson, Dr. Hewitt, Dr. Bayes and others, appears at length to have reached a climax, which cannot fail to interest, and ought intimately to concern us all, as homœopathic practitioners.

The question as to whether or no physiology and pathology can afford us any aid in the selection of remedies in disease, is too important in connection with the future position of homœopathy as a science, to admit of its being set aside or passed over.

The very fact of such discussion proves that a certain amount of obscurity exists amongst us, as to the right course to be taken in selecting medicines in accordance with our unerring law.

It would even seem to furnish ground to our allopathic opponents for sneeringly exclaiming: "The homœopaths, with their one sure and certain rule to guide them, are only *uncertain* how rightly to apply it."

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IN RELATION TO MEDICINE.

Whilst the question of *dose* may safely be left to the acumen and experience of each individual practitioner, it behoves us to settle, on the threshold, the mode in which we ought to *choose our medicines*. Let us, then, as professors of the art of healing, address ourselves to the duty of deciding this point in real earnest; and whilst gathering from all quarters every particle of light which may illuminate the subject, accept as *final*, only those conclusions which are borne out by the irresistible logic of experiment and fact.

In order, then, to arrive at a correct appreciation of the relation between the phenomena produced by disease and those resulting from drug-administration, we must endeavour in the first place to obtain as clear an insight as possible into the nature of disease itself.

Listen, then, to what Dr. Eadon tells us concerning this point, in his elegant and philosophical paper in the January number of this journal.

He says: "What is disease? Is it an entity, a something foreign to the living organism acting from without, or is it the organic and spiritual conformation in an abnormal condition? The causes of disease (whatever disease may turn out to be) and the disease itself must not be confounded. The one is an effect of which the other is a cause. To blend the two in our conception of things is not only unphilosophical but ridiculous, and yet in medical writings this is constantly being done."

Again: "The fact is, what is called disease is not a something, an anything independent of the organism. Disease is not a thing to be overcome, hunted down, or driven out, but abnormal vital action to be regulated and controlled in conformity with law pathologic and physiological."

Now we ask, is this a perfectly satisfactory definition of disease?

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Can we separate, when we come to deal with it at the bedside, the *effect* from the *cause* in this manner?

When called to an urgent case, will it suffice to aid us in selecting a prompt remedy, to say to ourselves, "this is '*abnormal vital action*' manifesting itself by certain symptoms, in accordance with which alone, a medicine must be chosen," and ignore the *cause* producing the *effect* before us?

Does Dr. Eadon intend to convey this idea?

Supposing the cause, whatever it be, removed entirely, can we conceive of "abnormal vital action" still progressing?

Assuredly not!

Where is intermittent fever without the marsh miasm? Where Asiatic cholera without the atmospheric poisoning? Where are small-pox, measles and scarlatina without their respective blood contamination?

Are the causes of these maladies *immaterial* only? In our notions of them, can we isolate each, as a group of symptoms due to immaterial derangement of the vital forces, and nothing more?

Are we to regard indifferently, critical evacuations occurring in the progress of fevers, as merely a new phase of the symptoms, requiring another change of medicine? Is nature thus trying to relieve herself, by casting out of the system in such various ways what is inimical to life—only in vain essaying to throw off a dynamic affection, not a *material something?*

We think the experience of the last two thousand years proves the contrary, and that medical writers deal practically with disease, when they associate the cause and effect together, as essential to its existence.

If, then, in practice we must consider the two together, to what purpose is it to separate them, or attempt to do so, in theory?

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IN RELATION TO MEDICINE.

Having now admitted the *cause*, into the nature of disease we must also take into account *all* the effects produced by its continued action, the pathological results.

Thus we are at length driven to the conclusion, that into the nature of disease three elements in general must enter, as Dr. Hempel so ably expresses it:—

"Firstly. The *cause* which constitutes the essential principle of the disease.

"Secondly. The pathological lesion or derangement.

"Thirdly. The symptomatic indications."—Vide *Materia Medica*, p. 20.

Or, to put it in another form, disease must consist of—an exciting cause; a dynamic derangement of the nervous force (probably the odylic fluid); and deranged function or material alteration in structure.

So far we have arrived at some practical conclusions respecting the nature of disease. Let us now turn to the other side, and consider the nature of medicine.

Our bodies, though undoubtedly resolvable into gas and aqueous vapour, are still sufficiently condensed to require for their support other bodies equally condensed, though also resolvable into gas and vapour; and these bodies are as material as they can well be. The three kingdoms of nature supply them; and when our bodies are deranged by any morbific force, what is more reasonable than to seek relief in substances derived from the same sources.

We have thus laid under tribute for our remedies, the animal, the vegetable, and the mineral kingdoms; and hence we find that some of our medicines are capable of *being acted on* or assimilated by the organism, whilst others are rejected, as acting hurtfully *on* the system—baneful intruders—as soon as they have answered the desired end.

We here wish, however, to take into consideration only

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OBSERVATIONS ON PHYSIOLOGY AND PATHOLOGY

drugs, properly so called; not those substances partly allied to food, partly to drugs, which, because they relieve disease and sometimes cure, may in one sense be termed medicines.

If disease, in its fullest signification, has been shewn to consist of three elements, and drugs are capable of curing disease, which no one doubts, it follows naturally that they must do so in three separate ways:—

Firstly. They must remove the exciting cause.

Secondly. They must act *dynamically* on the nervous system.

Thirdly. They must act *materially* on the blood and tissues.

Disease being both dynamic and material, drugs to relieve it must be so too.

Drugs, as shewn by the self-sacrificing heroism of our provers, are but the embodiment or materializing of disease-producing forces. Still these forces are not necessarily immaterial.

Allopathy long ago discovered and made a disastrous use of the *chemical* and *mechanical* action of drugs.

It remained for Homœopathy to disclose and develope, by the process of trituration and attenuation, the *dynamic* power of drugs.

We owe it to the genius of the immortal Hahnemann, but allopathic authors of distinction are not without an instinctive glimmering of such a power, apart from the ordinary action of medicines.

Dr. Ryan, in his interesting and forcible little work, entitled *Homœopathic Infinitesimal Doses and their Analogues in Nature*, quotes as follows:—"Pereira, in allusion to 'the dynamic effect' of a medicine, says, 'In the inorganic kingdom we have evidence of an influence which cannot be denominated either mechanical or chemical. The communication of magnetical and chemical properties

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to iron, by mere contact with another body, without the production of any change of form or composition, either of the iron or the imparting body, is an example of this. Now to influences of this kind the term dynamical has been applied; and several pharmacologists have employed it to indicate those influences of medicines over the organism, which are ascribable to neither mechanical nor chemical causes.'"

It is apparently owing to this dynamic property, that we are enabled to act upon diseases through the nervous system; and if, as seems highly probable, this new power should prove to be identical with the odic force, and that, as Dr. Eadon concludes, be the nervous force or fluid *itself*, we can easily comprehend how reasonable it is to use the 30th, 200th, or even higher attenuations, in diseases implying nervous derangement chiefly. Here we require more dynamism and less materialism. It may also admit of demonstration, that this power is developed exactly in proportion to the surface extension of the molecules of the drug.

On the other hand, in diseases characterized by rapid disintegration of vital organs and tissues, owing to the presence of a blood poison, we require less a dynamic than a material counteracting force, and therefore use low potencies and triturations.

Deduced from these conclusions, we should surmise that the only rule for dose would be found to be

The *nervous susceptibility* of the patient; or, in other words,

The dose must bear an *inverse ratio* to the nervous susceptibility of the patient; and we must estimate this by

The duration of the complaint; its greater or less intensity, and the natural temperament of the patient.

Drugs, however, have another action, which we must not omit to notice, and upon which our master Hahne-

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mann dwells so significantly. We allude to primary and secondary action. This is undoubted—every-day experience convinces us of it—and is sufficient to do away with the notion, at once, that inert matter can have no action on the living organism. The drug acts first on the organism, and the organism reacts on the drug. Action and reaction are the natural conditions of all matter, the very means by which forces find their origin.

Now we come to determine how our remedy is to be selected for a given case of disease.

Hahnemann tells us to take the totality of the symptoms as our guide. What does this mean? Without doubt, *all* the symptoms we can obtain by any means in our power.

If all, it must include the *objective* as well as the subjective—those discovered by our senses, as well as those detailed to us as the patient's own sensations.

But the objective symptoms are nothing more nor less than evidences of altered function and impaired structure —due to the disease—necessarily pathological.

Hence we are obliged, in summing up the whole array of facts, to admit pathological phenomena as part and parcel of the symptoms. As Dr. Bayes so clearly puts it, these are the deep underlying symptoms of which the subjective are only the upper stratum.

So that in selecting a medicine, we should, say, having noted down all the subjective symptoms as the patient details them, endeavour to trace them, if possible, up to some one deeper source—pathological—from which they may flow, and choose for this deeper symptom those medicines which are known to have produced a similar change in healthy organisms; thence selecting with the utmost care that which most closely corresponds to the subjective symptoms, and is best calculated to counteract the exciting cause of the malady.

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By such a process, we shall exhaust every indication which nature can hold out to us, of existing danger to the organism, and secure a perfect correspondence between the action of the remedy and that of the disease.

Whilst on the one hand we shall not fail to give due attention to the sensations of the patient, on the other, we shall run no risk of laying undue weight upon some *trivial peculiarity*, to the neglect of an appropriate *simile* for vitally important pathological change.

The final conclusions, then, with reference to physiology and pathology in relation to medicine, at which we have arrived amount to these :—

That, in the first place,

An accurate knowledge of the functions of every organ of the body and the tissues, in a state of health, is essential to a correct appreciation of their alteration by morbific forces or *disease*.

And, in the second place,

That as we have shewn pathological alterations of structure to be merely objective symptoms, lying below the surface, *pathology* must be taken into account in estimating the *totality* of symptoms, for the purpose of selecting an effectual remedy.

THE BENEVOLENT GENTLEMAN AND THE BICHLORIDE OF MERCURY.

In the January number of the *Review* appeared an article headed "A Benevolent Gentleman," giving an account of the reported discovery, by Dr. Woodman, of two grains of bichloride of mercury, in a bottle marked *mercurius solubilis* No. 6, and having Headland's address. A portion of this powder had been administered to a poor woman, by a benevolent gentleman, *not in the profession*, and who stated that, "although the bottle bore Headland's name,

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the contents were not prepared by Headland, but by a homœopathic chemist in Tunbridge Wells."

We expressed our decided opinion, at the time, that no homœopathic chemist had supplied "the benevolent gentleman" with any such powder as that described by Dr. Woodman: and we were right. We have received a letter from Mr. G. Cheverton, homœopathic chemist, of Tunbridge Wells, which fully satisfies our minds that, if bichloride of mercury was really found by Dr. Woodman in the bottle of the "benevolent gentleman," it was not placed there by the chemist of Tunbridge Wells.

We have received, also, an explanatory letter which the amateur practitioner published in the *Torquay Directory and South Devon Journal.* The letter is very rich. One sentence is especially good: "I am by no means a strict homœopathist, though believing in the principle *similia similibus curantur*, but I do not hesitate in my own case to use any means that commend themselves to my judgment (ahem!), and much stronger forms of medicine than would be approved of by most homœopaths," &c.:

"——————— where angels fear to tread."

The following is the explanatory letter:—

"Sir,—As Dr. Woodman's letter, in your issue of last week, does not appear to me to have given with sufficient distinctness the nature of the mistake which occasioned the symptoms of mercurial action which he details, and how it occurred, in justice to myself and the chemist concerned, I send you a few lines to supply the deficiency.

"I explained to Dr. Woodman, when he did me the favour of calling on me, that I was under the impression that the preparation I had given was No. 3 of the Homœopathic "Mercurius Solubilis," which ought to contain one grain in one thousand of this oxide of mercury; but having now compared it with other similar preparations, I am led to believe that it was in reality

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THE BENEVOLENT GENTLEMAN, ETC.

No. 2, which would contain one grain in one hundred. But I did not state that 'one form used contained one grain in ten,' as Dr. Woodman says; but that the medicines were prepared on this scale, each number marking a decimal decrease in the strength of the preparation, and that thus I was unaware of the potency of the medicine I was using. But in exoneration of the chemist who supplied it, I ought to say that I applied to him for a strong preparation of mercury, and he proposed to give me No. 2, to which I assented, but afterwards concluded he had not done so, as the bottle I received from him was numbered 3.

"I am by no means a strict homœopathist, though believing in the principle *similia similibus curantar*, but I do not hesitate in my own case to use any means that commend themselves to my judgment, and much stronger forms of medicine than would be approved of by most homœopaths, so that it would be quite a mistake to draw any conclusion as to homœopathic treatment in general, from what has in this instance happened to myself.

"The medicine in question, I had taken as well as given to others, without any unpleasant effects; so that much as I regret the consequences of its administration, in this instance, I do not doubt there must have been, as Dr. Woodman intimates, some special susceptibility to the action of the medicine to account for them. It seems to me there must have been some error, so easy to occur in chemical analysis, either in the tests made use of by Dr. Woodman, or in his deductions from their results; as I gave him, out of the same bottle, some of the same preparation, taken by the person he refers to, and he admits, in his letter to me, that it is what it professes to be, the Mercurius Solubilis of Hahnemann, and not corrosive sublimate: but he supposes it was put into a bottle which may have previously contained corrosive sublimate: this is a mistake, for as the label referred to by Dr. Woodman shews, it originally contained a very dilute form (No. 6) of the same medicine in tincture, none of which remained.

"I am, sir, yours, &c.,

"A. E. O."

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STICTA SYLVATICA.

PARTIAL PROVING & CLINICAL OBSERVATIONS.

By S. P. Burdick, M.D., of New York.*

Botanical Description.—*Sticta Sylvatica* belongs to the *Class* XXI., *Cryptogamia*, Order V., Lichenes, according to the Linnæan system of classification, as modified by later botanists. The name *Sticta* is said to be derived from the Greek *stiktos* (dotted).

Genus Sticta—*Generic Character.*—Plant foliaceous, coraceo-cartilaginous, spreading, lobed, free and pubescent beneath, with little cavities or hollow spots. Apothecia shield-like, fixed by a central point, the disk coloured, plane; border formed from the crust. There are five species of these.

Sticta Sylvatica. Thallus wide, rusty brown, naked and pitted; brown and downy beneath, with small, pale excavations; segments lobed, obtusely cut, unequal; apothecia marginal, dark brown. It grows on the side of trees, as the Acer Saccharinum, or American sugar-tree. See Eaton's *North American Botany*, 8th edition, p. 526, for other species of sticta and kindred plants.

Nov. 9th, 1859, I commenced proving the above described plant, having previously prepared a strong tincture from specimens procured from the sugar-tree.

At 7 o'clock, A.M., I took 10 drops of tincture. About one hour after I had sharp, darting pains in the arms, legs, and shoulders; commencing first in the muscles of the arms, then in the finger-joints and shoulders. Next in the thighs, knee-joints, and toes, Also dull sensation in the head, with sharp, darting pains through the vertex, side of the face, and lower jaw. There was a feeling of fulness at the root of the nose and in the left hypochondriac region. These symptoms were well marked, they continued from two to three hours, and were followed

* *North Am. Journ. Hom.*, Nov. 1863.

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by a general feeling of dulness of two or three hours duration.

Nov. 10th, 7 o'clock, A.M., took 10 drops. The symptoms which followed were similar to those produced by the first dose. There were also: a dull, oppressive pain in the cardiac region; slight oppression of the lungs; dull pain in the right hypochondrium. Duration from three to four hours.

Nov. 11th, took at 7 A.M., 20 drops of the tincture. About one hour after, I experienced the previous dull sensation in the head, with dull, heavy pressure in the forehead and roots of the nose; darting pains in the temporal region; burning in the eyelids, with soreness of the ball on closing the lids, or turning the eye. There were burning, biting; sticking pains all over the body. Lancinating pain in the second joint of the middle finger; inability to concentrate the mind upon any one subject; a general confusion of ideas. The above symptoms continued to increase in intensity during the entire day, and most of them continued until the 13th, without repeating the drug.

Clinical Observations.—1. A few weeks previous to the above experiments, I was attacked with catarrh of the head, to which I was subject, and had been for about five years; at times it was very severe, obliging me to keep my room for a week at a time. The above attack was one of the severest I had ever experienced. I discharged quantities of bloody pus from the nose and throat, and it left me with a distressing cough and oppression of the lungs, causing the feeling of a hard mass collected in them. The cough was at first dry and hacking, from tickling in the larynx, which finally extended to the lungs. During the day I was comparatively free from the cough, but it returned every evening about 6 o'clock, and would continue the entire night, being almost incessant. I could

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not sleep nor lie down. All treatment failed to afford the slightest relief, and I had become completely worn out from the cough and want of sleep.

I now prepared a tincture from *sticta*, and put a few drops in a tumbler of water. At 1 o'clock, P.M., I took a teaspoonful, and continued to repeat it every hour during the afternoon. At 10 o'clock, P.M., my cough had not returned, as I had coughed but once or twice during the evening, but on retiring that night, there was a slight return, lasting perhaps for a half hour, after which I slept quietly all night. The next day I took of the medicine several times, and had no return of cough.

2. Some two weeks after, I took a slight cold, which brought on catarrh in the head again. There came with it a slight cough, which increased, and in the evening it was quite troublesome. I took of *sticta* two or three times during the evening; and, to my great surprise, I awoke the next morning perfectly free from catarrh and cough.

These results of trials of *sticta* on myself in disease, induced me to attempt the proving above reported. The following notes of cases treated by this remedy may show its ordinary operation in the forms of disease in which its powers have been most frequently tested.

3. Dec. 12th, Mrs. S. had taken a severe cold, had a hard, racking cough, aggravated by every inspiration, and there was considerable oppression of the chest. At 6 o'clock, P.M., I gave her *sticta* tincture, a few drops in a tumbler of water, a teaspoonful to be taken every half hour. The next morning she coughed but very little, said she was well, and the medicine was discontinued.

A few days after, she was caught out in the rain, got her feet wet, took a severe cold, and coughed worse than before. In the evening I gave her *sticta* as before; the cough ceased after she had taken a few doses; and the next morning she was feeling quite well.

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STICTA SYLVATICA.

4. January, 1860, Mr. B., aged 56 years, was suffering from soreness of the throat of long standing, I gave *mercurius* 3, with favourable results. A few days after, I found him suffering from coryza—I gave him *sticta* 0, a few drops in a tumbler of water, a teaspoonful to be taken every hour. But a few doses had been taken when great relief was experienced. He had been subject to frequent attacks of a similar character for ten or fifteen years. I continued the remedy, night and morning, for a week or more, as it appeared to affect his throat favourably. While taking the remedy, he was exposed a good deal, and took a severe cold; but he was entirely free from those distressing symptoms of coryza, which had for many years accompanied the slightest cold.

He had been treated by several homœopathic physicians, besides taking quantities of allopathic medicines; but he had never experienced any decided benefit from any of them.

In February following, he had a slight attack, and I gave him *sticta* tincture as before. He said the first dose gave him great relief. This was in the evening. The next morning he was entirely free from all traces of the troubles of the previous evening. I met him almost daily for nearly two years after, during which time he had no return of the disease.

5. The next case was that of a young lady who was subject to coryza. During one of these attacks, which came on in the morning, I was requested to see her. In the afternoon I found her sneezing almost incessantly, with a feeling of fulness in the right side of the forehead, extending down to the root of the nose, with tingling in the right side of the nose. *Sticta* tincture was given as in previous cases. Two doses effected the cure, and the next day she was feeling perfectly well. Previous attacks lasted from three days to a week.

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STICTA SYLVATICA.

6. August 21st, 1862. Mr. F., aged 50 years, came to me, saying he had rheumatism all over him, and could get no relief; he said he had tried everything, had been to two or three allopathic physicians, but was getting worse every day. His troubles commenced about six months ago with sharp, darting, lancinating pain, first in the knee-joints, then in the elbow and shoulder. The finger-joints were next involved, and it gradually extended to every joint in the body; the pain in the neck and head were intense. At the present time the joints are all swollen and stiff. He cannot sleep for the pain, and can scarcely walk.

By comparing the above with the provings of *Sticta Sylvatica*, I found a perfect type of the disease before me in this drug, and I at once determined to test its curative power; the following are the results:—I gave *sticta* 1st, five drops to a tumbler two-thirds full of water, a table-spoonful to be taken every hour.

August 23rd. Mr. F. reports himself greatly improved, pains not so severe, has *slept* better. *Sticta* 1st, as before.

Aug. 26th. Reports a great deal better, can walk better than at any time during the past five months; pain in the head and neck gone; all the pains are less severe, and the joints are not so much swollen. Continued *sticta* 1st, as before.

Aug. 28th. Reports himself entirely well; has no pain; swelling all gone; says he feels better than at any time during the past nine months; stiffness of the joints all gone; says he is getting young again, and walks as sprightly as a young man.

7. At the time the above case was under treatment, I was also treating a Mrs. G., age about 40, for rheumatism of the wrist-joints. She had been under treatment for nearly three months, with very little if any improvement. The wrists and hands were swollen, with little if any red-

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ness; very painful on moving them. I had given her nearly all the remedies that are usually given in rheumatic troubles; none of them had afforded relief to any extent.

After the results produced in the last case by *sticta*, I determined to try it in the case of Mrs. G. I accordingly gave her five drops 1st, in a tumbler of water, a tablespoonful every two hours. On the second day after, I called, and on entering her room she exclaimed, "Doctor, you have done it this time!" To my great surprise, I found her sewing. The pain and swelling were nearly gone. *Sticta* 1st, was continued for a few days, and the cure was permanent. (This last case is reported from memory.)

8. Aug. 26th. Mrs. M. came to me complaining of headache with severe pain in the eyes, which felt very sore on closing the lids or turning the eye-ball. The pains and soreness as she described them, were very similar to those I experienced while making the above provings, and I prescribed *sticta* 1st, five drops to a tumbler of water, a tablespoonful to be taken every two hours.

Aug. 27th. Reports greatly relieved very soon after taking the medicine. *Sticta* continued as before.

Aug. 28th. Reports perfectly well.

9. In the month of February, 1862, while treating a patient very susceptible to the influence of medicine, I had administered *sticta* $^{1}/_{10}$. Very soon after taking it she said: "Doctor, I feel that medicine all over me." In a few months after, she said her left leg felt as though it was floating in the air, feeling light and airy, without any sensation of resting upon the bed; this continued for some time and gradually passed off.

10. Mrs. F., age about 40 years, had hæmorrhage from the bowels. She had lost large quantities of blood during

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the two previous weeks, looked pale and ghastly, and could scarcely walk, she had become so reduced. I gave *hamamelis*, which arrested the hæmorrhage; but she could not sleep, and had not for over a week; saying that as soon as it came night, her feet and legs would dance and jump around in spite of her; so that she was compelled either to hold them down upon the floor with her own hands, or have some one hold them for her; and as soon as she would lie down, her limbs felt as though they were floating in the air as light as feathers. This brought to mind what had happened to the last patient, and I administered *sticta* 1st, a few drops in a tumbler of water. To commence taking a tablespoonful as soon as the above symptoms should re-appear, and repeat every hour.

The next evening at about 6 o'clock, the dancing commenced. The medicine was repeated every hour until 11 o'clock, when she slept for the first time in over a week, did not awaken until seven next morning. Medicine discontinued during the day.

Next evening symptoms returned, but not so severe. Medicine again repeated every hour. Fell asleep at 10, P.M. Slept quietly until awakened next morning.

Next evening slight recurrence. Two or three doses of *sticta* were given, and she slept quietly all night.

Next evening no recurrence; *sticta* one or two doses; slept at 7, P.M., did not awaken until the next morning. Medicine discontinued. Recovery rapid without any further medication.

11. A lady about 50 years of age, complaining of attacks of great anxiety about the heart. Very nervous. Had had a good deal of mental trouble.

Ignatia and *digitalis* afforded great relief; but after two or three months she called, saying that she was troubled at night by awaking with a strange sensation about the heart, and for a few moments after she would feel as

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though she was floating in the air. A few doses of *sticta* 1st, effected a complete cure.

In coughs and colds, it has proved very efficient. And I have never used a remedy which has been so efficacious in procuring quiet, refreshing sleep as *sticta*. I have given it when all other remedies have failed, and have never, save in one or two cases, had it disappoint me; and now if I have a patient who cannot sleep, it is my first resort.

I have reported two cases of rheumatism which it has cured almost as by magic. I have also given it in several cases in which it produced not the slightest effect; but in those cases there was not a perfect representation of the drug in the disease.

The following cases are from the Case Book of the *Northern Homœopathic Dispensary*, New York, where this remedy has acquired some reputation:

1. Ellen Murphy, aged 19, scrofulous; had hæmoptysis three years ago. Every cold, damp spell brings on cough with expectorations of dark blood. Suffers now with loose cough in the morning, expectoration less free during the day; pain in left side below the scapula, foul taste in the mouth, tickling in the larynx and bronchia; costiveness; courses regular. *Bry.* 3.

Aug. 5. Pain in the left side less, other state the same. *Sticta* 1. Aug. 8. Great relief. Aug. 12. Nervous headache which she complained of in the temples improved. Cough steadily improving. *Sticta*. Aug. 20. Cured.

2. Anna Ernst, aged fifty-one, oppression in the pit of the stomach; great thirst, no appetite, tongue clean, disgust for food; soft cough with expectoration. Vertigo, restless at night. *Bry.* 3.

Aug. 5. Some relief. *Bry.* 12. Aug. 9. Cough the same. Morning cough. Symptoms of change of life. *Sticta* 1. Aug. 19. Cough improving. Raises more

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easily, especially mornings. *Sticta* 1. Aug. 27. Cough well. Only some vertigo yet. *Puls.* 6. Aug. 31. Cough all right. Vertigo the same. *Cyclamen* 3.

3. Joseph Weidner, aged forty. Dyspepsia. Cannot bear anything tight on the stomach. Vomits phlegm. Hæmorrhoids. *Nux.*

Aug. 8. Cough raw and sore. Better otherwise. *Sticta.* Aug. 11. Cough only after meals. *Bry.* Aug. 16. Cough easier, but very hoarse. *Puls,* Aug. 20. Cough worse, expectoration tighter. *Bry.* Aug. 24. Morning cough continues. Well every other way. *Bry.*

4. Ellen Minaman, aged twenty-five. Cough for six weeks. Hoarseness; nightly expectoration of whitish phlegm. *Sticta.*

Aug. 12. Greatly improved. Don't cough near so much. *Sticta.*

5. Ida Hatfield, eighteen months old. Tussis morbillosa. Had measles two weeks ago. *Sticta.*

Aug. 8. Greatly improved. *Sticta.* Aug. 17. Has whooping cough now. *Sticta.* Aug. 19. State the same. Worse at night. *Corallia* 30. Aug. 24. State the same. *Bell., Ipec.*

Aug. 29. Improving. *Bell., Ip.*

6. Kate Winkler, aged fourteen. Nasal catarrh. Nose always dry and stuffed up; swollen with tickling in it. Constant dripping down in throat, which feels and looks raw. Tongue clean. *Sticta.*

Aug. 9. Improving. *Sticta.* Aug. 12. Discharges a great deal of phlegm with great improvement. *Sticta.* Aug. 19. Is getting well. *Sticta.*

7. Martin Wyman, aged two years, febris catarrhalis. *Acon.* Aug. 15. Less fever. Rattling in the chest, coryza. *Sticta.* Aug. 18. Improving. *Sticta.* Aug. 21. Cured.

We cured a great many such cases with *sticta.*

8. Magd. Hauser, aged forty-two. Influenza. *Sticta.*

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STICTA SYLVATICA.

Sept. 29. Cough gone; pressure in the chest and abdomen, more on the left side. Caught cold when her courses were on. *Sticta.* Oct. 1. Cured.

9. Emma Russ, aged sixteen years, otalgia, noise and beating in the back part of the head. Pimples on the face. *Sticta.* Sept. 11. Well, except the pimples. *Sepia* 30.

10. Louis Walker, aged thirty-six. Influenza with bilious diarrhœa. *Sticta.* Sept. 7. Improving. *Sticta.* 9th, cured.

11. Anne Wiebold, thirty-five years old. Loose cough with free expectoration. Worse from midnight to morning. *Sticta.* Sept. 9. Cured.

12. William Coleman, aged sixty-six. Coryza, the result of sunstroke, comes back every middle of August, when not exposed; if exposed to the sun in July, it comes on then. Itching in the nose. When careless, it goes to the chest. Suffers now severely with it in the chest and head. *Sticta.*

Aug. 31. No better. *Acon.* 3. Sept. 3. Greatly improved. *Acon.* Sept. 5. Cured; never before cured in so short a time.

13. Stephen McCue, aged four years, had measles five weeks ago, which never came out well. Cough worst night and morning; diarrhœa with pain before each passage, worst in the morning; some emaciation; restless sleep on account of the cough. *Sticta.* Sept. 15–29. Steady improvement and cure. *Sticta* 1.

14. John Holt, aged seven years. Barking cough like whooping cough, from catching cold. Cured by *sticta* in a few days.

15. Rose Caen, aged thirteen years. Sept. 23. Had small-pox a few weeks ago, and has ophthalmia variolosa yet. Conjunctiva inflamed. Says she cannot see plainly. Pains worse when shutting the eyes. *Sticta.*

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STICTA SYLVATICA.

Sept. 26. Great improvement. Ball clearer; vessels in the lower part of the eye full yet. *Sticta.* Sept. 29. Improvement continues. *Sticta.* Oct. 3. Caught fresh cold. Keratitis and conjunctivitis with great photophobia. *Acon.* followed by *apis.* Oct. 4. Improving. *Apis.* Nov. 6. Was nearly well, till she caught cold again; has now conjunctivitis, burning pains, photophobia, hepatic eruption on the face. *Apis* during the day, *tr. sulph.* at night. Oct. 12. Improvement. *Sulph.* Nov. 4. Cured.

16. Peter Weidman, aged forty-three. Oct. 1. Influenza, when cough comes on he can hardly breathe; choking sensation in the throat, free expectoration; slimy coated tongue with indigestion. *Sticta.* Oct. 2. State the same. *Sticta.* Oct. 4. No improvement. *Bry., Merc.* Oct. 6. Cured.

17. Philip West, aged seven months. Oct. 3. Diarrhœa mucosa, and loose cough. *Sticta.* Oct. 5–6. Some rattling in the throat yet. Cough and diarrhœa improving. *Sticta.* Oct. 7. Only restless at night now. *Sticta.* Oct. 9. Cured.

18. Julie Eitler, aged nine months. Oct. 22. Diarrhœa, dentition, cough, and rattling in the chest. Passages green, like chopped eggs. *Sticta.* Oct. 24. Diarrhœa improving, but cough the same still. *Sulph.* Nov. 4. Slimy diarrhœa again. Cough abating. *Sulph.* Nov. 12. Cured.

19. Charles Bennet, aged twelve years. Oct. 20. Catarrh of the head for four years. Sneezing mornings with green discharge; frontal headache and epistaxis. *Sticta.* Oct. 25. Less bleeding from the nose. Left foot and right arm often benumbed and cold. *Sticta.* Nov. 4. Free from catarrh, but full of boils. *Sticta.* Nov. 20. Entirely well.

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MR. WILSON'S CRITICISMS AGAIN.

To the Editor of the Monthly Homœopathic Review.

SIR,—I cannot help envying Mr. Wilson the great amount of leisure he enjoys which enables him to write such long and elaborate essays in order to prove what has not been denied, to wit, that in compiling the *Pathogenetic Cyclopædia* I generally availed myself of Hahnemann's and Trinks's abridgments of the medicines in their respective Materia Medicas. Mr. Wilson seems to regard this as an unpardonable offence, and has occupied many pages of your valuable space, in order to shew that I have actually done this in the case of one of the medicines in Trinks's Materia Medica; and, if I understand him aright, he proposes to devote himself for some time to come to the same laborious and interesting work. Whilst I feel highly flattered by the vast amount of pains Mr. Wilson has expended upon proving the accuracy of my statement, I am unable to see how the utility of my work as a Repertory of the homœopathic Materia Medica, or my "accuracy and fidelity" as a translator are affected by the fact that I have adopted Hahnemann's and Trinks's condensations of the provings they originally published.

The *Pathogenetic Cyclopædia,* which Mr. Wilson has singled out as the object of his special study and criticism, was published fourteen years ago. Notwithstanding the abridged forms of the provings I occasionally adopted, the Council of the Hahnemann Publishing Society were of opinion that if the work were continued on the same scale it would be so bulky as to be unfitted for the purposes of a Repertory. It was resolved therefore to continue the work in a much more abridged form, and hence the altered character of the subsequent parts of the Repertory. The Council of the Society condemned my plan because it was not sufficiently condensed, Mr. Wilson condemns it be-

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cause it is not sufficiently diffuse for his taste. Had I the work to do over again I would be guided rather by the careful decision of the Council than by the angry denunciations of Mr. Wilson. It is rather odd that Mr. Wilson should be so angry with me for using the abbreviations of Trinks's *Handbuch* for my Repertory, when he informs us that Müller's *Repertory*, which is merely the Index to this *Handbuch*, is one of the works whence he "draws his inspirations."

Mr. Wilson seems to consider it a heinous offence that I have omitted to register the time after the ingestion of the medicine when each symptom occurred, but this I have purposely done throughout the work; for though this information may be desirable in a Materia Medica it would be a useless incumbrance in an index.

Mr. Wilson labours under the curious delusion that his assertions are proofs. Thus he says he has "more than once proved" that I have incorrectly translated the German word "Fuss," whilst he has only said so. I offered proof —which Mr. Wilson took the pains to verify in your last —that "Fuss" might be translated "leg," and I gave it as my opinion that it should be so translated in a particular instance. Mr. Wilson thinks that it should be translated "foot" in that instance. Well, he is welcome to his opinion and I may be allowed to hold mine, and the reader may choose which he likes best, if he is of Mr. Wilson's opinion that in a symptom of *sarsaparilla*, contributed by the illustrious "Ng," whom Hahnemann himself sneers at as a symptom-manufacturer, it is a question "affecting health and it may be life," whether the prover had a "trembling of the legs," or only of the "feet," and that if he comes to a wrong conclusion on the subject, he entertains "a grave error which may endanger the life of his own species" (*sic!*).

Mr. Wilson thinks such questions should be examined

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"through other media than those of passion, prejudice, and self-interest." For once I can cordially assent to what he says. One of the most common symptoms of passion is calling bad names, and if the courteous reader will peruse the following selection of controversial amenities applied to me and my letter by Mr. Wilson, he will be able to decide who is in a passion: "Intemperate letter" (twice), "invective," "shallow satire," "stratagems," "careless blunders," "gross ignorance," "the mental degradation of the man," "a grinning doctor making bad puns at his own blunders," "silly and *mal à propos* remarks," "Dr. Dudgeon tries to shuffle out of the difficulty by a sort of harlequinade," "a sorry sort of exculpation from the imputation with which, I repeat, he stands convicted" (convicted with an imputation! a phrase scarcely worth repeating, one would think). "Dr. Dudgeon's blunders," "he must be a greater ignoramus than I took him to be," "Dr. Dudgeon's sneers serve him better than a more straightforward, honest and professional course."

I feel as astonished as was M. Jourdain to find that he had been talking prose all his life, to learn that my short letter in your December No. manifests all the above vile qualities, and that while it made every one else laugh it caused Mr. Wilson to "greet." To think that my little bit of banter should draw the tears from Mr. Wilson's manly eyes! But how could I know that Mr. Wilson was likely to fall a-weeping at what he calls my "bad puns?" Was Mr. Wilson's own pun about "Smellfungus," which he was so proud of that he could not resist firing it off twice, so very good, as to be alone calculated to excite laughter, while my small joke was so bad as to elicit tears only? Or has Mr. Wilson turned over a new leaf and resolved to abandon joking henceforth, to shut up his *Punch*—which helped him to his "Smellfungus"—

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and to regard every pun as a sign of "mental degradation?" But if so, it is hardly fair of him to expect that because he has suddenly become virtuous, cakes and ale are henceforward to be denied to others. I would fain hope that a course of reading of his threatened criticisms of my poor work of fourteen years back, may have the effect of bringing me into his own lachrymose condition; but I am sorry to confess that hitherto his writings have produced quite the opposite effect on me that mine have on him, for while he has been "greeting" over my letter, I have been exploding with laughter over his essays. As a good homœopathist, Mr. Wilson ought to be a follower of the laughing rather than of the weeping philosopher, for Democritus is always cited as one of the earliest enunciators of the homœopathic law.

Though he has abjured joking, Mr. Wilson has not discarded simile from his compositions. He makes the well-worn and venerable comparison of his opponent to the cuttle-fish, though to judge by the *quantity* of ink ejected, Mr. Wilson beats me hollow—as to the *quality*, your readers may judge for themselves. In my youth the cuttle-fish used to be a mollusk, but as Mr. Wilson talks of its "*piscine* instinct," I presume it has since that remote period been "developed" into the superior class of "pisces."

As Mr. Wilson puts himself forward as the corrector-general of the translations from the German of his colleagues at home and abroad, it will of course be expected that he should demonstrate his fitness for the office he has assumed, by displaying a thorough knowledge of the language he has taken under his special protection. "Who feeds fat oxen should himself be fat," and so, who corrects others should himself be correct. But I regret to say he is not always quite so accurate as his pretensions would seem to require. Thus, to take the single word

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MR. WILSON'S CRITICISMS AGAIN.

Fuss, which he declares I am so grossly ignorant of, and which he implies he is so thoroughly acquainted with, I find that he makes the following blunders about it in his article on my "Accuracy and Fidelity."

p. 99	he writes	"Füss,"	instead of	"Fuss."
do.	„	"Füsses,"	„	"Fusses."
pp. 94, 98	„	"Fussen" (2ce)	„	"Füssen."
p. 100	„	"beide Unterfusse,"	„	"beide Unterfüsse."
p. 101	„	"Unterfussen,"	„	"Unterfüssen."

And at pp. 97 and 98 he twice translates the plural "Füsse" by an English singular. In all, eight errors in the declension of a common German noun! The persistency with which the word is blundered excludes the notion that the printer is to blame. The following errors in the same article may or may not be due to the printer, but supposing they are, they do not shew that carefulness in the correction of the press we should expect in one who is so intolerant of all errors in the writings of his colleagues.

p. 94,	"gansen," (2ce)	instead of	"ganzen."
p. 100,	"Knöckel,"	„	"Knöchel."
p. 101,	"Gliadmassen,"	„	"Gliedmassen."
p. 110,	"Augst,"	„	"Angst."
p. 111,	"wüsste,"	„	"wüste."
p. 112,	"veigeht,"	„	"vergeht."
p. 112,	"Zichen,"	„	"Ziehen."

Dr. Noack's name is invariably written by Mr. Wilson "Noak," but that is not surprising, seeing that in a former article Mr. Wilson confounded his readers by quoting an author whose name he wrote "Goëthe," meaning, it is supposed, our old and familiar acquaintance Goethe.

I entirely acquit Mr. Wilson of responsibility in the matter of the translations of symptoms in his article. A person who shews by the astounding blunders he makes

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in the declension of a simple noun that he does not possess even an elementary knowledge of German, could not of course translate even the easy sentences of the provings. But I would warn him that his German friend who does his translations for him is not always so correct as is desirable. Thus in the symptom of *cina* at p. 99 "von sich" is not correctly rendered by "out," and at p. 101, "am Daumenballen" is singular, whereas the translator has rendered it into plural English.

Mr. Wilson makes a disparaging remark on my writings, which he is welcome to do, and to shew that he is not "singular in his views" he refers me to the *Homœopathic Times* for 1854, where the readers of that defunct periodical will remember that, week after week, for I forget how many months, my *Lectures* were decried and abused with a persistency that was almost sublime, and with a virulence hitherto unknown in homœopathic literature. I always believed Mr. Wilson to be the author of this extraordinary specimen of angry criticism—he was editor of the periodical at the time—and now I feel sure that he is the author. That delicious mixture of strong language, weak logic, pointless jokes, (for though so intolerant of joking in others, his own writings teem with heavy efforts to be funny), bad grammar and groundless accusations, which distinguished the review, is conspicuous in the articles Mr. Wilson has furnished to your columns—and who but the author would ever dream of referring with approval to that melancholy exhibition of bad temper?

The only way I can account for Mr. Wilson referring to himself as a corroborating witness is, that he believes that with the complete change of the particles of the human body which physiologists tell us takes place once in seven years, the individual loses his identity, and that therefore the Mr. Wilson of 1854 is quite a different person from the Mr. Wilson of 1864, and the former may be

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referred to as a disinterested and independent witness in favour of the latter.

My esteemed friend Dr. Hering of Philadelphia is at present Mr. Wilson's great authority in homœopathic matters, but I fear Mr. Wilson will not think so much of the Transatlantic critic when he learns that my volume of *Lectures* which he so disparaged and contemned through I dont know how many numbers of his own organ, was pronounced by Dr. Hering to be "a better work than any other treating on the same subject."

Mr. Wilson says he is employing his "time and energies in searching after Truth." To others it seems that his energies and time are at present rather devoted to the futile attempt to write me down. He should however remember what an illustrious writer has said, that no one was ever written down except by himself, and if he will but persevere in the same style, I doubt not that he will ultimately succeed in accomplishing this feat.

I will now, sir, take my leave of Mr. Wilson and his criticisms, and in conclusion I would remind him that statements are not proofs, bad names are not arguments, and bad grammar is no substitute for good logic; that, in the matter of jokes, give and take is the rule, that the reiteration of an accusation that has already been disproved, is not a legitimate style of argument, that a person who thrusts himself forward as the critic of translations from the German should show that he possesses at least an elementary knowledge of that language, and finally that the controversialist who keeps his temper best is generally held to have the best of the dispute.

I am, Sir,

Your obedient servant,

R. E. Dudgeon.

February 13th, 1864.

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THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

(Continued from page 93.)

Dr. Tessier's Remarks.

Dr. Tessier concludes this valuable series of observations in the following words:—

"1. In all my patients the disease got worse until the treatment commenced.

"2. Immediately after the treatment had been commenced, an aggravation that was previously expected, set in for about twenty-four hours, after which the symptoms decreased either partially or in their totality. From this moment, the disease hastened to a favourable termination. In some cases the improvement commenced without any previous aggravation, and continued uninterruptedly.

"3. *Bryonia* caused a remarkable decrease in the number of the pulsations, from 20 to 30 in one day; and at the period when resolution commenced, the pulse came down from 110 or 120 to 60, 56, and even 44. In one case, which I have not related, it fell to 36. I have seen it come down from 120 to 80 between the morning and evening visit, and from 120 to 60 between the two morning visits.

"4. In old persons who had been a whole week without any treatment, and in whom the termination in induration (chronic pneumonia) seemed inevitable, this termination did not take place in a single case. But the physical signs of hepatization did not disappear as rapidly as in the other cases.

"5. Suppuration did not set in in a single case where it did not already exist at the commencement of the treatment. In some cases it seems to have been arrested by

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the treatment; in one single case alone, it was not prevented, or at least not arrested; (the two patients who were brought to the hospital in a dying state ought not to be counted, in my opinion).

"I am willing to make every possible allowance for crises and critical days; I do not say that the homœopathic treatment exerts so perfect a control over the disease, as to cause its stages to cease to be observable. But I know well that at the critical period the crisis may prove incomplete or false; I know that suppuration is also a crisis, and that it terminates fatally. Hence I admit that the homœopathic treatment does not remove crises, but it substitutes successful and complete crises for those which are false or incomplete."

A careful study of the cases reported fully bears out these remarks of Dr. Tessier; but it appears to me that a further analysis of the cases may prove of practical utility.

1stly. I subjoin a list of the medicines used, and of the various dilutions in which they were given.

Aconite 6, 12, 15 and 18.

Arnica 6.

Belladonna 6, 12 and 18.

Bryonia 2, 6, 12, 15, 18, 24 and 30.

Iodine 12.

Ipecacuanha 6.

Moschus in massive doses.

Phosphorus 12, 15 and 30.

Rheum, no dilution given, probably the 6th.

Sulphur 6, 12, 18, 24 and 30.

Dr. Tessier tells us that the dilutions used were the 6th, 12th, 18th, 24th and 30th. It is therefore probable that the *bryon.* 2nd is a misprint for 12th.

These dilutions were prepared on the centesimal scale.

2ndly. The effects which followed the administration of the medicines.

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a. The simple effect of each dilution.

b. The effect of two dilutions of the same medicine given in alternation.

c. The effect of two different medicines given in alternation.

a. ACONITE 6. In *Case* 1, result negative. In *Case* 4, result negative. In *Case* 5, result negative. In *Case* 6, given every hour, reduced pulse from 110 to 90. In *Case* 8, result negative. In *Case* 11, improvement; pulse slightly lowered. In *Case* 12, pulse reduced from 112 to 100; moisture on skin. *Case* 17, cessation of epistaxis. *Case* 18, result negative. In *Case* 25, very slight reduction of pulse.

ACONITE 12. *Case* 14, result negative. *Case* 19, result negative.

ACONITE 15. *Case* 1, given every hour, reduced pulse from 120 to 100.

ACONITE 18. In *Case* 10, gave great relief to the pain. *Case* 13, reduced pulse from 120 to 100.

ARNICA (no dilution named). In *Case* 36, relieved a relapse of stitch in side immediately, and promoted absorption.

BELLADONNA 6. In *Case* 10 (where there was metastasis to the brain), induced profuse sweat, and reduced pulse from 100 to 76, *in twelve hours*, and to 68 *in twenty-four hours*, with dilatation of pupils.

BELLADONNA 18. In *Case* 10 (in above case), reduced pulse from 68 to 56, and ended in convalescence.

BRYONIA 2. (I believe this to have been an error, and that the dilution used was the 12th, as stated above.) In *Case* 3, pulse reduced from 112 to 108.

BRYONIA 6. In *Case* 2, result negative. In *Case* 5, pulse reduced from 120 to 110 on first day, to 80 on second, and to 70 on third.

BRYONIA 12. In *Case* 2, pulse reduced from 105 to 95

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on first day, to 80 on second day, and to 70 on third day. In *Case* 3, pulse reduced from 124 to 112. In *Case* 7, pulse reduced, in twelve hours, from 124 to 96; on second day to 84, on third day to 68. In *Case* 9, pulse reduced from 90 to 80, and removed jaundice. In *Case* 16, pulse reduced from 112 to 88 on first day, and from 76 to 80 on second day, removing delirium, also inducing profuse sweat. In *Case* 18, pulse reduced from 116 to 100 on first day, and to 84 on second day, with profuse sweat. In *Case* 19, no result on first day, except less stitch; on second day, pulse reduced from 120 to 100; on third day, from 76 to 80; on fourth and fifth day, to 60. In *Case* 22, pulse reduced from 76 to 60 on first day, to 44 on second day, and to 40 on third day. In *Case* 24, pulse reduced from 116 to 108 on first day, to 84 on second, with copious sweat and relief to all symptoms. In *Case* 25, pulse reduced from 120 to 112, with perspiration and diarrhœa. In *Case* 26, pulse reduced from 92 to 72. In *Case* 27, pulse reduced from 104 to 84, with sedimentous urine, two copious stools, and perspiration; on second day, pulse 68, with great improvement in all symptoms. In *Case* 28, pulse less frequent. In *Case* 30, no improvement. In *Case* 31, pulse reduced first day from 108 to 104, on second day to 96, on fourth day to 64. In *Case* 34, profuse sweat; first day, pulse 120; on second day, pulse 115; very little benefit. In *Case* 35, no result. In *Case* 36, no change. In *Case* 37, no change on first day; pulse reduced on second day from 100 to 60.

Bryonia 15. In *Case* 2, no change. In *Case* 3, pulse reduced from 108 to 100 on first day, and to 70 on second day.

Bryonia 18. In *Case* 12, pulse reduced from 84 to 80 on first day, and to 72 on second day, with continued improvement on third day; *on fourth day no medicine was given*, fever returned, and pulse rose to 80; on fifth day,

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bry. 18 was again given, induced profuse sweat and great relief. In *Case* 14, pulse reduced from 104 to 100 on first day, to 90 on second, with great improvement. In *Case* 15, pulse reduced from 116 to 100 on first day; to 80 to 84 on second day, with sedimentous urine and profuse sweat; to 72 on third day. In *Case* 17, pulse reduced from 104 to 80 on second day; to 76 on third day; to 60 on fourth day, with great improvement; to 56 on sixth day; to 52 on 7th day.

Bryonia 24. In *Case* 7, pulse reduced from 84 to 68. In *Case* 13, pulse reduced from 100 to 90 on first day; relapse on second day; pulse reduced to 60 on fourth day, with great improvement. In *Case* 18, pulse reduced from 52 to 44 on first day. In *Case* 25, pulse reduced from 60 to 44 on first day. In *Case* 27, pulse reduced from 84 to 52 on first day. In *Case* 30, pulse reduced from 104 to 80 on first day. In *Case* 33, continued improvement. In *Case* 34, continued improvement. In *Case* 37, pulse reduced from 60 to 52 on first day; to 48 on second day, with rapid cure.

Bryonia 30. In *Case* 1, pulse reduced from 100 to 70 in two days. In *Case* 6, pulse reduced from 90 to 70, with rapid cure.

Iodine 12. In *Case* 3, apparently promoted resolution; no very marked effect.

Ipecacuanha 6. In *Case* 7, gradual improvement, but no very marked effect.

Moschus, in 5 grain doses, relieved, partially, delirium caused by metastasis to brain; it did not complete the cure.

Phosphorus 12. In *Case* 2, no effect. In *Case* 20, continued improvement.

Phosphorus 15. In *Case* 3, continued reduction of pulse, and improvement.

Phosphorus 30. In *Case* 1, disappearance of rusty sputa, and continued improvement.

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HOMŒOPATHY IN THE AMERICAN ARMY.

Rheum (dilution not given, probably 6th). In *Case* 12, diarrhœa relieved; it reappeared on the second day, *on leaving off rheum;* it was cured by a recurrence to *rheum* on the third day.

Sulphur 12. In *Case* 21, hastened convalescence.

Sulphur 18. In *Case* 8, hastened resolution. In *Case* 11, no material effect. In *Case* 14, hastened convalescence.

Sulphur 24. In *Case* 24, hastened convalescence.

This concludes series *a*, shewing the simple effect of each dilution.

(*To be continued.*)

HOMŒOPATHY IN THE AMERICAN ARMY.

Dr. E. C. Franklin, of St. Louis, Mo., a well-known homœopathic practitioner, who was attached to the American Federal Army during some of its most severe engagements, has given us, through the pages of the *North American Journal*, some interesting results of his medical experience.

The appointment of a homœopathic practitioner "was met with no little opposition, on behalf of Surgeon De Camp, U.S.A., the Medical Director of the district. The pressing necessities of the times, however, overruled the intolerance sought to be imposed by the temporary dominion of the regular officer, and accordingly Dr. Franklin accompanied the regiment on its march to Springfield."

Arriving at Springfield on the 27th of June, 1861, and finding the necessities of the service required something more than the rude and imperfect regimental organizations, then the only accommodation for the sick, Dr. Franklin set about preparing and putting in order the *first general hospital* in the department of the West. Already there were upwards of fifty sick left behind in this place, illy

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provided for, without adequate treatment or quarters. These were left from General Sigel's command, who had moved on from Springfield to Carthage. In a few days General Lyon would arrive with his command, now marching to this place after having engaged and beaten the Confederates at Boonesville. The number of those requiring hospital accommodation from the long and severe march through the State, must necessarily be augmented.

With these demands in perspective, Dr. Franklin selected the New County Court House for a hospital. This was a large three-story brick building, capable of accommodating 350 patients. By the time the building was in readiness, Colonel Sigel had fought the battle near Carthage; and the wounded from this engagement were the first surgical cases received into the hospital—not a single death having occurred amongst those admitted. Succeeding this, the expedition to Forsythe, and the battle of Dug Springs, added not a few wounded to the number under treatment.

Then came the battle of Wilson's Creek, after which more than a thousand "patriot sons of Missouri, bleeding, mangled, and torn, filled the hospital to repletion, and churches, hotels, and private residences yielded to the exigencies of the occasion, to receive the ghastly evidences of the destruction and carnage of terrible war." The same night the Federal army evacuated Springfield, which was occupied immediately by the Confederates. Dr. Franklin remained behind—a voluntary prisoner—in order to look after the sick.

"Nearly one hundred capital, and other important surgical operations," Dr. Franklin tells us, "were performed by himself and staff. In the midst of our labours, all the medical and hospital stores belonging to the hospital were seized for the use of the rebel sick and wounded, and our

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own wounded were made to suffer all the agonies attendant upon mutilation, without the prospect of even temporary relief. This cruel and inhuman act caused the death of many a gallant soldier, and spread the sombre weeds of mourning over many a patriotic home."

The following are the general outlines of the surgery of the battle of Wilson's Creek, treated by Dr. Franklin in the hospital of Springfield :—

"The *amputations* were mostly *secondary*, a very few having been performed on the field. The leg, arm, and lower third of the thigh were most frequent, one or two amputations of the foot, I think the same number of resections. The relative mortality was larger than in other hospitals under my charge, and was owing no doubt to moral as well as physical causes. Left under rebel rule, they were deprived of many comforts and little attentions so grateful to the sick and wounded soldier,—their term of service had also expired, and the disquietude occasioned by thoughts of home,—with the scarcity of nurses, and imperfection of hygiene, diet, &c., and above all, the absence of proper medication. were sufficient and potent causes for the large mortality.

"The compound fractures of the thigh, particularly of the upper two-thirds, those in which the bones were not too largely comminuted, were left to the operation of conservative surgery, and the observations of such treatment as in other hospitals, when the primary period for amputation had passed by, gave more satisfactory results. The treatment adopted, consisted as usual in such cases, of evaporation-lotions, bandages, dressings, splints, fracture-boxes, with extension and counter-extension, as could be most advantageously applied, with the rude and imperfect appliances at our disposal. Wounds of the chest and abdomen were generally unproductive of much promise, owing to the want of proper remedies, and the reasons

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hitherto set forth, although two or three very severe cases of lesions of the lungs treated in private residences, where more care and attention could be given them than in crowded hospitals, rallied and finally recovered altogether.

"Of the gun-shot wounds of the abdomen involving rupture of the colon, with artificial anus, in front and rear, two recovered completely; the third died on the ninth day, of inflammation and mortification of the intestine.

"As usual in crowded hospitals, without proper ventilation, with a large number of suppurating wounds, and inadequate medical assistants and nurses to enforce perfect cleanliness, hospital erysipelas made its appearance.

"The deaths from this dreaded disease, however, were not large in proportion to the fatality that marked its path in the filthy abodes of the rebel wounded. I was informed by a rebel surgeon that over fifty a-day died from that disease for days in succession,—so fatal was this malady, and so unamenable to the treatment employed, the rebel medical authorities were obliged to break up their hospital organizations in Springfield, and remove their wounded and sick beyond the Arkansas line."

In September 1861, Dr. Franklin left Springfield, and having received his step as Brigade-Surgeon of Volunteers, he, on the 19th of the following October, was placed in charge of the General Hospital at Mound City.

"This large and commodious hospital," Dr. Franklin tells us, "comprised a block of thirteen unfinished store-houses, built upon the bank of the Ohio, seven miles above Cairo. The structure was of bricks, three storeys high, 286 feet long, 90 feet deep, and capable, when fully occupied, of accommodating comfortably 1000 patients. Other buildings were subsequently added to this hospital organization, increasing its capacity to upwards of 1500. In this hospital were treated the wounded from the battles of Belmont, Donelson, Shiloh, and Hatchie, and the sick

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HOMŒOPATHY IN THE AMERICAN ARMY.

from the several divisions of the army, including those of General Curtis after his arrival at Helena, in the expedition through Missouri and Arkansas. The statistics of the hospital are shewn in the following table, transcribed from the records of the institution :—

Report of Number of Wounded and Sick treated in the U. S. Hospital, Mound-City, Ill.

Months.	Remaining last report.			Taken sick during month.	Aggregate.	Returned to duty.	On Furlough.	Discharged.	Deserted.	Sent to other hospitals.	Died.	Remaining.		
	Sick.	Convalescent.	Total.									Sick.	Convalescent.	Total.
November, ..	115	80	195	341	536	137	45	8	..		40	246	60	306
December, ..	246	60	306	216	522	156	2	3	..		30	211	120	331
January, 1862	211	120	331	183	514	248	3	3	2		42	166	50	216
February, „	166	50	216	1487	1703	450	75	53	..	775	49	275	26	301
March, „	275	26	301	1344	1645	225	196	51	..	816	137	208	12	220
April, „	208	12	220	1241	1461	280	580	12	..	267	130	252	40	292
May, „	252	40	292	92	384	27	99	8	..		43	83	24	107
June, „	83	24	107	254	361	105	15	20	..		15	166	40	206
July, „	166	40	206	212	418	102	5	7	1	139	14	84	66	150
August, „	84	66	150	625	775	193		26	1		17	459	78	538
September, „	459	78	538	1072	1609	484	2	73	..		38	1013	84	1097
October, „	1013	84	1097	1011	2108	886	7	21	..	227	57	910	..	910
November „	910	..	910											
Total.....	4183	680	4863	8078	12036	3293	1029	285	4	2224	612	4073	600	4673

Thus, by a reference to the figures, it will be seen that the proportion of deaths to the number received in the hospital for the thirteen months under my charge, including the severely wounded and mutilated from the battle-fields spoken of, the scalded seamen from the gunboat Essex, the wounded from the various naval engagements at that period and afterwards, is $7^{5}/_{10}$ per cent., (a fraction over,)—a lower rate of mortality *caeteris paribus*, than the records of any other military hospital in the service, so far as I have seen such records.

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Let us compare these figures with those of the military hospitals of St. Louis, as shown by the able and complete report of the Western Sanitary Commission, and see how far homœopathic medication *suffers* in the comparison with that "regular practice" that embraces the "learning and investigation of all time." It will not be forgotten, that the military hospitals in St. Louis were largely the recipients of the bounty, providence, and care of this commission, in fact, to its energy and philanthropic zeal, are the poor soldiers indebted, for the many comforts and extended accommodations enjoyed in the luxurious abodes of the wounded and sick in this city.* To these commissions, more than the whole host of army doctors, who have figured so largely in high places, are the brave soldiers of our armies under deep and lasting obligations. Gratitude to *them* should be commensurate with that true Christian benevolence whose

> "Drying up a single tear has more
> Of honest fame, then shedding seas of gore."

The following military hospitals in St. Louis, whose records are here presented for comparison, were, in many respects, better provided for in the variety of delicacies so grateful to the sick, better provided for with hospital attendants, nurses, &c., better provided for in their choice and selection of medical assistants, and in fact, all things that make up the management of a hospital. The wounded received in these hospitals could not have been as severely injured as those sent to the hospitals nearest the scenes of battle, and if my observation is correct, were not so.—Let us compare statistics:

* A single glance at the workings of these commissions will satisfy even the most sceptical, of the invaluable services so freely given to the sick and wounded soldiers, orders from Surgeon General, Medical Directors, &c. &c., to the contrary notwithstanding. I know of one case where a Medical Director threatened the arrest of an attaché of the army for *daring* to apply to a sanitary commission for aid, in the extremest emergency.

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HOMŒOPATHY IN THE AMERICAN ARMY.

City General Hospital, Corner of 5th and Chestnut-streets.

Surgeon J. T. HODGEN, U. S. V., in charge.

Whole number of patients	treated	6,391
,, ,,	returned to duty	1,981
,, ,,	discharged from service	886
,, ,,	furloughed	572
,, ,,	transferred	529
,, ,,	deserted	77
,, ,,	remaining	282
,, ,,	died	925
Per centage of deaths		$14\frac{1}{2}$

Good Samaritan Hospital.

Surgeon W. DICKINSON, U. S. V., in charge.

Whole number of patients	treated	2,127
,, ,,	returned to duty	1,123
,, ,,	discharged from service	260
,, ,,	furloughed	93
,, ,,	transferred	387
,, ,,	deserted	16
,, ,,	died	248
Per centage of deaths		$12\frac{4}{10}$

Jefferson Barracks Hospital.

Surgeon J. F. RANDOLPH, U. S. A., in charge.

Whole number of patients	treated	6,412
,, ,,	returned to duty	2,061
,, ,,	discharged from service	1,841
,, ,,	transferred	389
,, ,,	furloughed	923
,, ,,	deserted	91
,, ,,	joined invalid corps	142
,, ,,	remaining	226
,, ,,	died	739
Per centage of deaths		$11\frac{1}{2}$

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HOMŒOPATHY IN THE AMERICAN ARMY.

Lawson Hospital.

Surgeon C. T. ALEXANDER, U. S. A., in charge.

Whole number of patients received		809
,,	,, returned to duty	31
,,	,, discharged from service	114
,,	,, transferred	24
,,	,, furloughed	42
,,	,, remaining	418
,,	,, died	209
Per centage of deaths		$25^{9}/_{10}$

*Military Prison Hospital.**

Surgeon G. H. Hood, U S. V., in charge.

Whole number of patients treated		1,562
,,	,, remaining in hospital	135
,,	,, died	231
Per centage of deaths		$14^{7}/_{10}$

Other military hospitals in St. Louis, the "New House of Refuge Hospital," and "Benton Barracks Hospital." did not enter so largely in the treatment of wounded, hence the comparison between them would not be analogous to the subject matter of this report. The latter hospital was more particularly designed as a Convalescent Hospital,—their relative per centage of deaths are $6^{1}/_{4}$ and $4^{1}/_{8}$, quite low indeed as compared with similar institutions in other parts of the country.

RECAPITULATION.

Mound-City General Hospital.

Whole number of patients received, 8,078.
Per centage of deaths, $7^{9}/_{10}$ (fraction over).

City General Hospital.

Whole number of patients received, 6,391.
Per centage of deaths, $14^{5}/_{10}$.

* For the treatment of rebel prisoners alone.

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HOMŒOPATHY IN THE AMERICAN ARMY.

Good Samaritan Hospital.

Whole number of patients received, 2,127.
Per centage of deaths, $12^{4}/_{10}$.

Jefferson Barracks Hospital.

Whole number of patients received, 6,412.
Per centage of deaths, $11^{5}/_{10}$.

Lawson Hospital.

Whole number of patients received, 809.
Per centage of deaths, $25^{9}/_{10}$.

Military Prison Hospital.

Whole number of patients received, 1,562.
Per centage of deaths, $14^{7}/_{10}$.

It is but simple justice, that I should state that the treatment of the patients at the Mound-city General Hospital was not, and could not have been, for obvious reasons, entirely homœopathic. Had the authority been delegated to employ homœopathic physicians, in equal numbers with those of allopathic proclivities, whose contracts were made with the Medical Director of the district, I have not the slightest doubt that the ratio of mortality would have fallen below 6 per cent. I assert this with a clear and full understanding of the premises, and from an abundant experience in the treatment of patients in military hospitals. To illustrate more fully the force of this assertion, I may add, that one entire ward was devoted to the treatment of all cases in hospital that were declared by consultation to be beyond hope of recovery. Such cases were removed to the homœopathic ward, and in addition to my other labors, I took charge of this ward, assisted by two homœopathic physicians, Drs. Pratt and Wales. The result was, more than 30 per cent. of the cases given up by allopathic medicine, as hopelessly lost, recovered under the homœopathic practice. So great, and so complete a victory over the old school of medication, was soon noised abroad, and ultimately caused my removal from the Hospital. The following letter from surgeon H. R. Wirtz, Medical Director of the Department of the Tennessee, will show the bitter

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ST. JAMES'S HOSPITAL, DONCASTER.

and relentless persecution entertained towards everything not according to the tenets of old medicine. In addition to this, commissions of three surgeons were appointed to investigate the records of the Hospital, to prove the charge, openly canvassed against me, that my treatment of patients in Hospital was homœopathic, and therefore heterodox. Here follows the letter:

(Copy.) Medical Director's Office,
Jackson Tenn., Nov. 5, 1862.

Sir,—It has been reported to me that a contract physician in your hospital by the name of *Pratt!* I believe, is a homœopathist.

Please inquire into the matter, and if you find such is the case, report to this office, in order that his contract may be immediately annulled.

Very respectfully,
Your obedient servant,
H. R. Wirtz,
Med. Director.

Dr. E. C. Franklin,
Surgeon Charge Hospital,
Mound-City, Ill.

Upon receiving this precious document, I made known its contents to Dr. Pratt, who tendered his immediate and unconditional resignation. A few days after, I was relieved from duty, and ordered to report forthwith to Cairo. My only regret in leaving the Hospital was for the poor soldier. I have learned long since to pity that spirit of intolerance and bigotry that feels

"'Tis an orthodox opinion
That grace is founded in dominion."

ST. JAMES'S HOSPITAL, DONCASTER.

During the past eleven years the little Hospital of St. James, at Doncaster, has flourished under the care of its founder, our talented and warm-hearted colleague Dr. Dunn, who during the whole of that period, has never once asked for a single subscription towards the mainten-

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ance of the charity. Indeed he has had no occasion so to do; for the benefits of the hospital have been so apparent, that there has been no lack of support.

Dr. Dunn is the only homœopathic practitioner in Doncaster;—while in the town itself, and in its neighbourhood, allopathic medical men are found in dozens:—a brave and noble battle for truth has our colleague, therefore, had to fight.

The numerous workmen in the manufacturing establishments of the Great Northern Railway at Doncaster, have been ever found among the earnest supporters of Dr. Dunn. These hard headed mechanics—men of thought and intelligence—men who are not likely to suffer from the imaginary ailments which the opponents of homœopathy are wont to ascribe to its aristocratic patrons, have felt the substantial benefits of the homœopathic treatment; and rally round their medical officer with more than the common zeal of grateful patients.

The town at large—and the public press, also, gladly recognize the position and services of the doctor, who was, a short time since, Mayor of Doncaster.

The allopathic medical men of the place have recently entertained the idea of building an Infirmary, to contain 25 beds—so as to extend the benefits of their present Dispensary. To this end the town-council has been asked for a grant of a £1000. The general feeling of the town and neighbourhood—with the exception of course of the medical men and their immediate adherents—may be seen in the following remarks of the editor of the *Doncaster Herald* of Feb. 12th.

"Is the thing asked for wanted? If so, have we the means at command to grant it. The answer to both these questions given by the Town Council may be taken in the negative; but we believe the facts of the case will furnish a positive and unequivocal denial. We have already in the town an hospital containing

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ST. JAMES'S HOSPITAL, DONCASTER.

24 beds, unexceptionable in its general accommodation and arrangement, and accessible to all. Its benefits are within reach of the poorest, and its internal economy is commensurate with the known requirements of such an institution. Ample room for all emergencies is always at the disposal of Dr. Dunn, and many have been the grateful recipients of relief promptly provided in accordance with the exigency of the case."

Again, on the following week, the *Herald* resumes the subject in the following terms:

"We have seen what difference of opinion prevails in the Council as to the extent of additional accommodation actually required; and we have seen that a large majority is in favour of trying the effect of a small addition to the dispensary. Now, when this is the case, we think that common prudence—not to say a fair share of deference for the opinion of others—should suggest an experiment of the modified nature here recommended; and that under these circumstances the Council are not justified in rushing into a large expenditure in the face of the strong opinion which is held against it. Let them condescend, in a case of so much doubt as this, to feel their way. There is the St. James's Hospital, with twenty beds at the service of the Corporation. Why cannot this idea be entertained by the prime movers of the Infirmary question? If we are tempted to answer the query we must say that professional prejudice against the Hospital is the true cause. But surely in a work which lays its foundation in charity and goodness all such feelings as jealousies and antipathies ought to be cast away—especially as the building itself, which lies open to the Corporation, is entirely innocent of all and every objection which may be taken to certain new principles in the treatment of disease. But in whatever way an addition to the existing means and appliances for the curing of disease may be pointed out, the advocates for an expenditure of £5,000 have utterly failed to shew that disease, requiring treatment such as would be provided by the Infirmary, does exist in the proportion, or anything like it, which calls for such an outlay. Until they have shown this—whatever the

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Corporation may be prevailed upon to do—we may depend upon it that the public at large will not feel called upon to second the acts of the Corporation with any liberal or appreciable amount of sacrifice on their part, notwithstanding the peculiar pressure which is brought to bear upon the case from without."

The editor here alludes to the offer which Dr. Dunn has, more than once, made, to the effect that he would place at the disposal of his allopathic brethren a certain portion of St. James's Hospital, so that the two systems of treatment might be fairly tested side by side.

The allopathists, however, do not see things in that light.

Our colleague has just issued the following address; and, we learn, that if the Town Council be induced by pressure—for there is the appearance of very heavy pressure from one quarter—to grant a sum for the proposed Infirmary, he will, in turn, urge upon that body the claims of St. James's Hospital to a like grant: —

"ST. JAMES'S HOSPITAL.

"This day is the eleventh anniversary of the opening of St. James's Hospital for the reception and treatment of serious accidents, and cases of acute or contagious disease; during this time it has been in a great measure self-supporting: its doors have ever been open to those whose misfortune it has been to meet with grave accidents; all cases, whether of accident or acute disease, admitted within its walls, have, with a single exception, recovered; in that instance the injury was so serious, that the patient died a few hours after his admission. These facts giving, as they do, abundant testimony to the utility of the institution to the town and neighbourhood, will, it is believed, prove eminently gratifying to its numerous well wishers, as well as to those, whose occupations are such as to render them liable at any moment to suffer from the very injuries, for the relief of which it has been established. That the Hospital (amply large enough for the requirements of the locality) has not been more

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generally availed of, is no fault of the founder; for, whilst treating the cases admitted under his own care on the homœopathic principle, he has never refused to those whose practice differs from his own, the accommodation they may have required; and until those who believing they need other arrangements have completed them, the opportunities hitherto at their disposal will continue to be presented to them. The friends of homœopathy (whose name is legion) might have justly hoped to have seen the curative capabilities of the rival systems of medicine, so fraught with good or evil to the entire human race, tested side by side, and this most certainly would have been done if *truth* were the sole object sought for. The founder's thanks are due, and are hereby gratefully tendered, to the Lords, Ladies, and Gentlemen, who, unsolicited, have kindly subscribed to the Hospital, also to the six thousand one hundred and fifty out-patients, who have come, and come again, for medicine, advice, or surgical aid; more especially are they due to the enlightened men of the Great Northern Railway who have, ever since the opening of the Hospital, appreciated its advantages, and have been its most constant, undeviating, steady, and liberal supporters; and the founder assures these his friends, and the public at large, that no exertion he is capable of, no sacrifice he ought to make, and no skill of which he may be master, shall be wanting te merit a continuance of such confidence and liberality. The founder cannot close this anniversary report without holding in grateful remembrance the munificent bequests of the late Mrs. Bower and Mrs. Sandars.

"*Doncaster, January 23rd*, 1864."

CAN CHALK CAUSE DIARRHŒA?

THE allopathist who gives "chalk mixture" to stay diarrhœa, will not believe that *carbonate of lime* can cause relaxation of the bowels. The homœopathist, however, knows that the pathogenesy of chalk includes diarrhœa amongst its symptoms. In the French *Academy of Sciences*, the other day, M. Grimaud, when referring to

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the influence of calcareous waters on health, gave the following case, quoted from the thesis presented by M. Guérard, on the occasion of the competition for the chair of hygiene, in 1852. "So long," says M. Guérard, "as the quantity of lime contained in the water does not exceed *five parts in ten thousand*, it may be considered as favourable to the healthy accomplishment of the digestive functions. Some persons, however, cannot without inconvenience drink habitually water containing even a small amount of this salt. I am acquainted with a gentleman, who, during a residence of several years in the city of Dieppe, invariably suffered from diarrhœa and gastric disturbance, whenever he drank the calcareous water supplied by the fountains of the town, unless it had been previously boiled." (*Journal of Pract. Med. and Surgery.*)

Thus, day by day, does Nature herself afford striking examples of the law of *similars*. The allopathist gives *carbonate of lime* to arrest diarrhœa; but he believes that it thus acts because "it is an absorbent, antacid, and mild *desiccant*." What will he say in reference to the evidence of its purgative character, given before the French Academy?

A CASE ILLUSTRATING THE DANGERS OF SLAUGHTERING DISEASED CATTLE.

By John Gamgee, Esq,.

Professor of Veterinary Midicine and Surgery, New Veterinary College, Edinburgh.

On the 22nd October, 1863, a bull was taken ill on a farm and in a county which I decline to name. My reasons for not mentioning the place are, that every effort has been made to keep the secret, as in a host of similar cases, and it will serve no purpose whatever to expose those who, in ignorance and in consequence of the lax state of our laws on this subject, acted as their neighbours would have done. A labourer on the farm, who had

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CASE ILLUSTRATING THE DANGERS OF

been formerly a butcher, volunteered to slaughter the sick bull, that its carcase might be saved for the butcher's stall. Unfortunately, the poor man had previously injured his hand with a spade, and he performed his task without due regard to the condition of his wound. It is said that the bull was dying from pleuro-pneumonia, but others declare the disease was of too rapid a type to be the very prevalent lung complaint. Certain it is that four pigs died after eating part of the viscera of the bull, and two dogs nearly lost their lives in the same way.

The bull was disposed of to a butcher for the sum of £5, and after this, not only was it seen that the pigs and dogs had been injured by eating the flesh, but the labourer suffered intense pain in his hand, was seized with severe febrile symptoms, and died on the fourth day after dressing the bull.

I am favoured by a surgeon with the following report of the case:—

"I saw the man for the first time on the second day before his death. I then found a ragged wound, about an inch long, nearly dividing the tendon of the back of the second finger of the right hand. The edges of the wound, for about three eighths of an inch all round, were very much swollen and dark-coloured; in fact, the wound looked like an opening made with a blunt instrument. The swelling was well defined; there was also severe cellular inflammation of the arm to the elbow, with the usual boggy feel all over, from the back of the hand upward. Fever and the usual symptoms of severe cellular inflammation prevailed, notwithstanding tonics and stimulants. The man sank rapidly (the fever having turned to typhoid), and died on the second morning after I saw him. He was much addicted to habits of intemperance."

Many of the readers of *The Lancet* may suppose that this is a solitary case, or, at all events, a rare one. The usual question may be asked, Why should I, as a surgeon of so many years' experience, not have heard of or seen such cases? To my own knowledge, four other men have died, presenting symptoms such as the above, under similar circumstances and in the same county, during the last four years. Another man, a butcher, nearly lost his life, and the surgeon who attended him asked him what he had done with the diseased cattle he had dressed. This question was asked as the surgeon feared that the carcases were at that time being cut up in the town where they had been slaughtered; but he was somewhat consoled by the usual reply, "They're been sent to London."

During the past year the attention of a number of gentlemen has been directed to cases of serious illness and death in various

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parts of the country. A landed proprietor wrote me concerning an instance in East Lothian. An animal was slaughtered, packed in a basket, and sent either to Edinburgh or London. After the carcase had been despatched, the pigs were taken ill, and several died; they had eaten of the animal's entrails. The man who dressed the bullock nearly lost his life, and only recovered after nearly losing his eye-sight. Some liquid from the thorax was splashed against this man's face, and he suffered severely from inflammation of the face and trunk. His eyes were most seriously affected, and vision has only been restored in one.

In the Edinburgh slaughter-houses similar accidents have been witnessed, though every effort is made to conceal the truth; and one case, which occurred in 1863, was identical with the one that occurred in East Lothian. During the outbreak of malignant anthrax in Lincolnshire last autumn, a shepherd scratched his arm while dressing a sheep, and he very nearly lost his life.

It is now about fourteen years since I first began to agitate the question of cattle disease in relation to the public health. During that time I have reported outbreaks of anthrax and of splenic apoplexy, and have repeatedly drawn attention to the deaths amongst pigs, dogs, ferrets, &c., from eating the viscera of diseased cattle slaughtered. I have striven, as best I could, to specify the form of disease communicable to man, and which renders the flesh of such animals unwholesome; and my opinion, based on a very careful consideration of the whole subject, is, that the public health is materially affected by the wholesale slaughter of diseased animals as human food. Several years ago I declared that it was impossible that human beings were not frequently injured by the eating of the flesh of cattle that had died of splenic apoplexy in this country; and the reason why cases have not been published is, that the carcases have been sent to large cities, *where they would not be distinguished from the carcases of perfectly healthy animals*, and the evil results of eating the poisonous flesh could not be distinguished from any ordinary case of dysentery or typhus. The best proof of defective observation on these subjects is afforded us by the trichinous disease, of which not a single fatal case has been recorded in this country, but many abroad. That the disease is often amongst us is certain, and the infant that died in Paisley last year, as the result of eating "measly (?) pork," undoubtedly, in my mind, succumbed to trichinous infection.

Knowledge gathers slowly, and medical men must proceed with prudence in drawing inferences from cases observed; but

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CASE ILLUSTRATING THE DANGERS, ETC.

I hold that they have hesitated too much and too long in raising their voices against the filthy and demoralizing practice of slaughtering diseased animals as human food. With a proper organization, I will engage to reduce the mortality in the London dairies from forty and fifty per cent. per annum to four and five. This would at once prevent the sale of several thousand of diseased cows as human food in the metropolis alone. Would not such work be better worth paying for than inspection of markets? and is it not worthy of the strongest recommendation on the ground of economy, if not on that of saving human life? We "strain at a gnat and swallow a camel" when we condemn the French for their vivisections, and allow our population to be cut down in thousands by painful and preventable diseases. On no ground can we defend the slaughter of diseased cattle, and medical officers of health need not wish to be fortified by evidence of cases of death in man from eating diseased meat in order to interfere vigorously with the traffic in diseased animals. That traffick is the most potent cause of disease in animals themselves, and unless checked our stock-owners will suffer even more in the future than they have in the past. We cannot keep pace with the demand for meat, and prices are ruling higher every year. To secure an adequate supply of wholesome animal food we must devote ourselves to the prevention of disease amongst animals, and no greater blunder was ever committed than that of declaring that our poor must starve if we condemn all the diseased animals sent to the butcher. The poor may console themselves a little by the reflection that it is the finest cattle in the best condition that usually die of splenic apoplexy, and the accidents which befel the pigs and ferrets from this cause are more likely to be witnessed in the homes of the wealthy than in those of people who cannot afford to pay the highest market price for beef.—*Lancet.*

[We ourselves recently saw a sad case of death, resulting from disease contracted from a pig. Mr. B., a pork butcher, residing in Sheffield, after stabbing a pig, for the purpose of killing it, placed the bloody knife between his teeth, a not uncommon method among butchers of holding that instrument.

In a few hours, his lip became painful, swollen and hard, Dark purple inflammation spread rapidly over the face and head. The eyes protruded fearfully; the throat became affected; a glanderous secretion ran from the nostrils; deglutition became difficult, and at length impossible. Before death relieved the sufferer, the whole of the scalp, face, and neck became a mass of gangrene. He died in about fifty hours after the infection.—Ed. *Hom. Rev.*]

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REVIEWS.

The Roman or Turkish Bath: together with Barege, Medicated, Galvanic, and Hydropathic Baths. By JAMES LAWRIE, M.D., L.R.C.S.E., pp. 294. Edinburgh: Maclachlan & Stewart. London: Simpkin & Co.

Dr. LAWRIE'S is the most complete work we have yet seen on the subject of baths, and their therapeutic influences. Whether in its historical, or medical aspect, the volume before us is exceedingly valuable.

Fragmentary Thoughts on the Life and Death Forces. By SAMUEL COCKBURN, M.D. Glasgow: Dunn and Wright, West Nile-street.

Dr. COCKBURN tells us that his "Fragmentary Thoughts" have been printed "in the hope that they may be suggestive of other more interesting, more useful, and more elevated conceptions regarding the constitution of man, and of his relationship to external surroundings."

The "Fragmentary Thoughts" are conceived in a highly philosophical spirit; and are expressed in language which is exceedingly happy and clear. We will try to convey to our readers an idea of the argument:—

"Matter and life constitute the organized being we recognize by the senses as *man!*—Matter simply considered as matter, apart from its particular form is everywhere the same.—The particular form which matter assumes, whether as clay, vegetable, or animal, is determined by a special formative force, which we shall name the *germ* force.

"Life simply considered as life, apart from its special manifestation is everywhere the same. The special manifestation of life is determined by a special vital force.

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REVIEWS.

"The *germ* force, and the *vital* force constitute the life forces of all organized things.

"There is only one germ force, and one vital force. The form of the organism is the work of the germ force; and the performance of function or phenomena is the work of the vital force.

"The particular form of the organism—the form of the various and diversified parts of which it consists, depends upon a special *idea* impressed upon the individual germ force.

"By the term *idea* we are not to understand that anything like a mental conception is meant, but rather to look upon it as being equivalent to a *property* of the individual force.

"This germ force can never, under any circumstances, develope an organism contrary to its own inherent idea.—Each individual germ force has its own individual idea impressed upon it: hence the variety of organization which we find in the universe—and the peculiarity in form and appearance which distinguishes one person from another.

"Germ force builds up the organism—and life force enables it to perform its functions: but germ force and life force cannot be the causes of disease and death:—the wreck and ruin of the organism must be the result of the action of the destructive or death forces.

"Independant of all speciality in condition or circumstance, the morbific forces of disease exist in every human being. Morbific forces exist around us—and hereditary predispositions and habits of transgression expose mankind to their influences. As in life forces so in the death forces—there is unity in force, with diversity in idea.

"In drugs, for example, however diversified in form or origin, there is throughout only one germ force and one

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morbific force; the difference in each being determined by the individual idea inherent in each individual drug.

"The different parts of our organism are nourished only when we make use of such aliments as in their constitution resemble those of the organism.

"As regards life forces the law of affinity is the law of nutrition. It is evident also that the drug must have the same relationship in the death series of forces, as the plant, its counterpart, has in the life series.

"To render a plant nutritious there must exist a certain affinity between it and certain tissues of the body.

"So while a drug, simply as embodying a development of the morbific forces, can impress its idea on another morbific force inferior to itself, the law or condition which determines that in any particular case, is the same as that which determines the nutritious capacity of any special aliment, namely, that of affinity. It is abundantly clear, that not any kind of drug, at random, would do for any special case of disease, but a special case would indicate a special drug.

"The special drug for the special disease, can, like the special aliment for a special kind of nutriment, be known only by a similarity subsisting between the symptoms of the drug force, and that of the disease. The doctrine of correspondence is therefore the law of cure, as well as the law of nutrition. Affinity is the law of the universe."

Such, then, are the principal points in the argument which pervades Dr. Cockburn's "Fragmentary Thoughts." Our readers will be grateful to us, if our incomplete index should lead them to read the work in its entirety.

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DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. Drysdale.
Consulting Surgeons—John Moore, Esq., and Dr. Roche.
Consulting Physician for Cheshire—Dr. Wright.
Physician—Dr. Blumberg.
Surgeons—Dr. Hayward, T. H. Willans, Esq., and E. L. Hudson, Esq.
Honorary Dentist—H. C. Quinby, Esq.
House Surgeon—F. J. Tucker, Esq.
Non-Resident Stipendiary Physician—Dr. Simmons.
Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of January was as follows:—

New patients	550
Old „	1660
Total	2210
The number of visits paid (old)	226
The number of new patients visited	72
Total	2508

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c. Evan Fraser, Esq., L.R.C.S. Edin.
Treasurer—John Skilbeck, Esq.
Honorary Secretary—John L. Seaton, Esq.
Chemist—Mr. Joseph Dixon.

Report for the Year ending June 1st, 1863.

The Committee of the Hull Homœopathic Institution, on presenting to their subscribers their Eighth Annual Report, beg to congratulate them on the continued usefulness of the charity, and the great demand there is for its benefits, the number of entries during the past year having nearly doubled those of the first year of its operations.

The total number of entries since the opening of the Institution in 1855 is 8053, of which number 1209 have been admitted on subscribers' recommendations, and upwards of 64,424 prescriptions have been dispensed. The following summary will shew the result of treatment—

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DISPENSARY REPORTS.

Cured	4491
Relieved	2471
Irregular	519
Incurable	104
Unchanged	116
Dead	102
Still under treatment	250
Total	8053

A reference to the Treasurer's Account shows a diminution in the payments made by patients during the past year, arising from the fact that the benefits of the Institution have been more eagerly sought after through the letters of recommendation from the subscribers, and also by the operation of the 4th Bye-law.

The Committee would take this opportunity of expressing the deep obligations they are under to the Medical Officers of the Institution, for the very kind and efficient manner in which their duties have been discharged. They have devoted much valuable time and arduous labour to the objects of the Institution, for which the Committee tender their sincere thanks.

In conclusion, the Committee beg to direct attention to the subjoined Medical Report, and would solicit additional contributions to the funds of the Institution.

Medical Report.

Number of patients :—		
Remaining from last year		242
Admissions this year		1044
		1286
Cured	578	
Relieved	287	
Unchanged	50	
Not known	103	
Died	18	
Under treatment	250	
		1286

The Medical Officers, in presenting their Report for the past year, think they are justified in saying that the success of the Institution for that period has not fallen short of any former

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DISPENSARY REPORTS.

year, although the return of numbers in attendance is somewhat below that of last year; this is, no doubt, to be accounted for in the very proper restrictions that have been made under Rule 4.

(Signed) James Pyburn, M.D.
Evan Fraser, L.R.C.S. Edin.

Number of patients attending during the month of December	538
Paying 1s. 6d. per month	446
Admitted on Subscribers' recommendations	92
Discharged cured	59
Relieved	5
Ceased attending; result unknown	25
Still under treatment	264
Visited during the month	12

Number of patients attending during the month of January	631
Paying 1s. 6d. per month	530
Admitted on Subscribers' recommendations	101
Discharged cured	63
Relieved	5
Ceased attending; result unknown	30
Still under treatment	251
Visited during the month at their own homes	10

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION, Bagnall Street, Hanley.

Physician—George Moore, M.D.
Chemists—J. B. Rowley & Co. *Hon. Sec.*—E. Pamphilon, Esq.

Report for Month ending December 1863.

Old patients attending	751
New ditto admitted	88
Total	839

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THE MONTHLY

HOMŒOPATHIC REVIEW.

TWOFOLD ACTION OF DRUGS.

In our last number ("*A Troublesome Doctrine*") we quoted, from the *Medical Circular*, a letter in which Dr. G. de Gorrequer Griffith, of the Lock Hospital, refers to the "diametrically opposite" actions of certain drugs, in different doses. "Opium," for instance, he tells us, "will behave itself, at one time, as a *stimulant*, at another, as a *paralysing agent;* and lead may, in certain quantities, *prevent*, while in larger doses, it will *produce* abortion." "Of many other medicines," continues Dr. Griffith, "which act thus *oppositely*, in *different* doses, I might cite numerous examples."

If Dr. Griffith would only try, he might, doubtless, find evidence of these "diametrically opposite" actions, in *every* drug of the Materia Medica. The process of examination, however, involves—*first*, a consideration of the action of the drug on the healthy organism, in pathogenetic quantities; and *secondly*, a close observation of the behaviour of the same drug, in disease. Or, to reverse the order of examination: if he finds a drug which has a *specific* curative action over certain morbid symptoms, he may rely upon it that the same drug, in poisonous doses, will set up *similar* symptoms, in an otherwise healthy

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organism. The action of *lead*, to which Dr. Griffith alludes, affords an excellent example of the natural law of *similars*—a law ever present, ever in force. Thus, while that abnormal condition of the body, which accompanies or produces abortion, is set up by poisonous quantities of *lead*, the same drug, *in smaller quantities*, will *prevent* miscarriage, and will remove the diseased state which tends to induce abortion. If, however, the threatened abortion be the result of *lead-poisoning*, then small doses of that metal would have *no* curative influence; the diseased condition must be the result of other causes than *lead*.

This "diametrically opposite" action of drugs has, every now and then, forced itself upon the notice of medical men, from the times of Hippocrates to the present day; but, except by Hahnemann and his followers, the simple facts have been accepted, without any attempt to connect them with the existence of a universal natural law. The expressions with which Dr. Griffith concludes his letter, viz., "I seek not to offer an explanation of the *modus operandi* in these diametrically opposite conditions," represent the indifference of physicians, of all ages, to these "glimpses of truth."

Our old friend "NICH. CULPEPER, *Gent., Student in Physick and Astrology*," two hundred years ago, stumbled upon the same "diametrically opposite" condition of drug-action which bothers Dr. Griffith to-day. We should like to have seen some attempt, on the part of that torment of the "*Colledg*" of his day, to explain this twofold action of medicines; but, like Dr. Griffith, he makes no sign; he merely records his facts.

In his *Pharmacopœia Londinensis, or the London Dispensatory, further adorned by the studies and collections of the Fellows, now living of the said Colledg* (1653), Culpeper—so he spells his own name—in puffing the

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merits of *aurum potabile*, thus vaunts the opposite actions of his medicine:—"it both *binds*, and *stops fluxes*, yet *purges*. It both *vomits*, and *staies vomiting*: it *causes sweat*, yet *cures* preternatural sweating."*

The address of Nicholas, to the "Courteous and Friendly Reader," in favour of this nostrum, is worth reading. We give it in full.

"The Vertues, Vse, and Variety of operations of the true and Phylosophical AURUM POTABILE. Now made and sold by Dr. Freeman, as also by Dr. Harrington, and me Nich. Culpeper, in Spital-fields, on the East side, next door to the Red Lyon.

"Courteous and Friendly Reader,

"This precious Jewel of *Aurum Potabile*, which Dr. *Freeman* and myself have attained to the perfection thereof, is now only in the hands of Dr. *Freeman* and myself and Dr. *Harrington*, who hath long and often tried, and known the Vertues, Vse, and manner of operation thereof, to the great comfort of many who had Diseases, which otherwise might have proved inseparable and incurable, as sufficient witnesses can testifie: It cures all Agues, whether Quotidian, Tertian, or Quartan; as also it cured divers people of that most horrid, putrid Feaver, which so violently seized on mens bodies—both before and after Michaelmas, 1653—to the great admiration of many; and when the parties diseased have been both senceless and speechless, so that neither that, nor any other Medecine or *Panacea*, though never so gentle, could safely be administred into the body; it hath beyond all hopes by exernal application on the stomach, revived them from death: It cures the Gout of

* In the provings of *aurum muriaticum* as recorded in Jahr, we have:

STOOL AND ANUS.—Constipation:—*Frequent liquid stools:*—*Diarrhœa and pain in the bowels*, &c.

STOMACH.—*Nausea:*—*Vomiting*, &c.

FEVER.—*Profuse sweats*, &c.

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all sorts so perfectly being administered as the Authors shall advise, that I dare undertake it shall never trouble the patient more, if the cause that first brought it, whether it be by Diet, or otherwise, be forborn.

"It causeth Women subject to Abortion or Miscarriage to go their times, and yet being administred when the time comes, it causeth a speedy and easie delivery. But to what purpose do I go about to nominate Diseases in particular, when it is an Universal Remedy for all Diseases, being administred as the Authors give Directions, for its chief aim is exhilerating the vital Spirits and Heart, which supplies the Microcosm as doth the Sun the Macrocosm; for Joshua knew right well that if he commanded and made the Sun to stand still, that all the Macrocosm must: so of necessity must Man, the Microcosm when his Heart, viz. the Microcosms Sun, is at a stand in his operations. Thus doing, *it both binds, and stops fluxes, yet purges. It both Vomits and staies vomiting: it causes sweat, yet cures preternatural sweating,* and performs all its operations as Nature herself would have it, because it only fortifies her in her Center, and it was never yet at any time known, but if Nature be strengthened, and have an Enemy in the Body, but that she will to work to expel him, or correct him.

"To conclude, It's an Universal Fortification for all Complexions and Ages, against all sorts and degrees of pestilential and contagious infection, both preventing before their possession, and extirpating of them after it. But why *Glauber*—in his description of the true properties of that he pretends for true *Aurum Potabile*—would not have it give any color to the hands or any thing else, and yet itself a most pure Tincture, neither he, nor I, nor any mortal man can tell.

"I shall say no more at present, but refer you to a Treatise that shall shortly be published on this Subject.

"Jan. 1. 1653. "NICH. CULPEPER."

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So far friend Culpeper—the Dr. Collier of his day. By the way, the employment of gold, as a medicine, is of considerable antiquity. In the fourteenth century, Chaucer sang :—

> "For gold in physic is a cordial,
> Therefore he loved gold in special."

The medicinal value of this noble metal formed one of the items of dispute between Paracelsus and his opponents. Erastus (*Disput. in Paracelsum*) sneeringly says of gold, "aurum lætitiam generat, non in corde, sed in arcâ virorum :"

> "The man who taketh gold is blest,
> Not in his health, but in his chest;"

while Paracelsus brags that by means of gold he could cause a man to live 160 years, or to the world's end!

The provings of chloride of gold (*aurum muriaticum*) explain the twofold action of the drug, so quaintly recorded by Culpeper.

HOMŒOMERIA.

Anaxagoras originated the doctrine which was indicated in the Grecian schools as *ομοιομερεια*.

According to Plutarch, he was the author of a book on *The Nature of Things*, in which he asserts that the divine mind had produced and arranged every phenomenon in nature, at one and the same time.* According to Laertius, he held that the original atoms of matter are possessed of the same characters and properties as the masses or things which they eventually form.†

Anaxagorus first employed the word *νους* to designate

* *Ὁμου παντα χρηματα ην, νους δ' αυτὰ διηρε και διεκοσμησε.*

† *Ελεγε αρχας τας ὁμοιομερειας καθαπερ γαρ εκ των ψηγματων λεγομεν τον χρυσον συνεσταναι ὁυτως εκ των ὁμοιομερων μικρων σωματων το παν συγκεκρισθαι.*

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HOMŒOMERIA.

the divine mind. He represented that originally all things were in confusion, but the divine *νους* called forth order. He denied that there is either generation or destruction, but only the union and separation of things already existing; so that generation ought to be called union, or mixture of things, and destruction ought to be called separation.

Lucretius, in his wonderful poem (Lib. i. 830) thus refers to the doctrine of Anaxagoras:—

"Nunc et Anaxagoræ scrutemur ὁμοιομερειαν,
Quam Graii memorant, nec nostrâ dicere linguâ
Concedit nobis patrii sermonis egestas:
Sed tamen ipsam rem facile est exponere verbis,
Principium rerum, quam dicit ὁμοιομερειαν·
Ossa videlicet e pauxillis atque minutis
Ossibus, sic et de pauxillis atque minutis
Visceribus viscus, gigni; sanguenque creari
Sanguinis inter se multis coëuntibus guttis:
Ex auroque putat micis consistere posse
Aurum, et de terris terram concrescere parvis."

"The hypothesis of Anaxagoras," wrote Dr. Mason Good, in 1805, "has seldom been embraced in its utmost latitude by modern philosophers and physiologists; but there are many opinions which evince a strong assimilation to it. Such is the doctrine of convertible and sympathetic medicines, which, less than a century ago, was universally assented to by the first physicians in every country, who like Anaxagoras appear to have imagined that every part of the human frame received its nutriment, and recovered its health, from a digestion of the same parts of other animals, or from herbs of parallel or assimilating qualities. Thus the testes of the wild boar, reduced to powder, were esteemed an antidote in cases of barrenness; the lungs of a lamb, employed in the same manner, in pulmonic diseases; the medulla of all animals, in disorders of the nerves; and spermaceti, or the fat of the whale, an infalli-

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ble remedy in cases of marasmus, or general loss of fat from any internal disease, a remedy which has not even yet lost its good name with many practitioners, who still continue to believe, that

> '——— the sovereign'st thing on earth
> Is parmaceti for an inward bruise.'

Thus, too, in the botanic productions of the earth, nothing, about a century ago, was esteemed of such infallible utility for diseases of the eyes as the herb, in our own language, denominated Eye-bright; for a pain in the side, as Stitch-wort; for ruptures, as Solomon's-seal; for lascivious ideas as the Agnus-Castus, or Chaste-Tree; for disorders of the bladder, as Kidney-beans; and even in the present day, Scurvy-grass among the vulgar, is held of paramount advantage in scorbutic complaints. Those who are acquainted with the writings of Etmuller, and Cole, published towards the latter end of the seventeenth century, will easily recall to mind a thousand such instances of sympathy and conversion, which uniformly seem to imply a general belief in some such doctrine as the homœomeria of Anaxagoras. M. Bonhomme's theory of the operation of calcareous phosphat, and its great advantage in the disease of the rickets, though far better founded, and of the date of the present day, is not very dissimilar in its origin."

Most of the instances of "strong assimilation" to the doctrine of Anaxagoras, brought forward by Dr. Mason Good, are about as absurd and far-fetched, as are some of the instances of "strong assimilation" to homœopathy, adduced by many of the writers of our time. In 1805, Mason Good probably knew nothing of the labours of Hahnemann, for it was only in that year that our founder published his *Medicine of Experience;* otherwise, without doubt, his doctrine would have been classed by Good among the "strong assimilations" to that of Anaxagoras.

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At that time, however, the term "*homœopathy*" existed only in the limited sense in which it is used by Aristotle, or by one of the sacred writers (*fellow-suffering*); it had not become the recognised interpretation of a great medical dogma. Nor had *isopathy*, in its proper sense, attracted as much notice as it has in more recent times, since, by the opponents of homœopathy, it has been so frequently confounded with that system; hence, we find that Mason Good merely indicates that approach to isopathy which is found in the doctrine of sympathetic medicines.

If the commentators on Anaxagoras wish to find "strong assimilations" to his doctrine, in medical practice, they will certainly discover them most easily in the exhibition of homœoplastic remedies. Mason Good refers to the homœoplastic employment of calcareous phosphates in *rachitis:* and the more modern physician can instance the use of iron in anæmia; of pepsine in certain gastric difficulties; transfusion in hæmorrhage; the supply, by artificial means, of salts absent from the blood in cholera; the use of the gall of animals, in cases of deficient, diverted, or diseased bile, &c. Before we leave the subject of homœomeria, we commend to our readers a "strong assimilation" to the teaching of Anaxagoras, in the couplet of Chaucer,* the first line of which runs:—

"For all to sicker as cold engendreth hayle."

OBSERVATIONS ON THE TREATMENT OF FEVERS.

By John Anderson, M.D., M.R.C.S.

Having in a preceding paper demonstrated the applicability of homœopathy to the treatment of acute inflammatory disease, it is now proposed to consider the important subject of fever, and thus to respond briefly to

* *Wife of Bath.*

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the enquiry put very anxiously by many, who, though thoroughly convinced of the efficacy of homœopathy in acute inflammatory diseases, are yet unable to satisfy themselves, that in so dangerous and protracted a malady as fever often is, the remedies are successful, and the treatment may be relied on.

It will not be expected in a brief paper like the present, that any lengthened preliminary dissertation on the nature and characteristics of the various forms of fever should be given. It will be sufficient to describe the febrile state in general as one of increased or excited vascular or nervous action, accompanied by rigors, flushes, heat of skin, frequency of pulse, loss of appetite, thirst, furred tongue, general languor, and more or less derangement of the organs and functions of the system, especially those of digestion and nutrition—these symptoms being either of the continuous, remittent, or intermittent character.

The subject may also be further elucidated and methodized by the following suggested arrangement of the various kinds of fevers. It is not presumed to be thoroughly precise nor even strictly scientific, as regards pathological or physiological data, especially the first heading, with its subdivisions A and B. Nevertheless, the writer ventures to think that the proposed arrangement will be found practically correct, and at any rate useful in giving a comprehensive view of the whole subject, and presenting a plan of order for its discussion and elucidation. It should also be borne in mind that any arrangement of fevers is exceedingly difficult, owing to the more or less speciality of each individual case, and the tendency that often exists for the febrile state *per se* to assume a variety of forms, and to degenerate from the more acute and comparatively less dangerous form into the low, nervous, and highly dangerous prostrate and typhoid form; for instance, the simple catarrhal fever may become a gastric fever, and

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this may run on to typhus fever; the simple scarlet fever, with its inflammatory concomitants, may become the malignant scarlet fever, with its typhoid prostration. Or again the type may change: the remittent may become the continued, as is sometimes the case in gastric fever; or the continued may become a remittent, as when hectic sets in; and occasionally the remittent may become the intermittent, of which latter type the former is often a modification. With these preliminary explanatory remarks, the reader's attention is now requested to the following arrangement of the different forms of fevers.

I. CONTINUED FEVERS.—Characterized by a continuous and more or less uninterrupted course of the febrile state and symptoms.

A. *Inflammatory type.*—Characterized by great vascular excitement, rapid course, and some local inflammatory disease.

1. *Catarrhal fever.* — Mucous membrane of the eyes, nose and fauces more or less inflamed.

2. *Rheumatic fever.*—Fibrous, synovial and ligamentous tissues more or less inflamed.

3. *Puerperal fever.*—Peritoneum inflamed, especially that part of it covering the uterus and its appendages.

4. *Brain fever.*—Membranes of the brain congested or inflamed.

B. *Nervous or adynamic type.* — Characterized by more or less nervous excitement and prostration, local complications more congestive than inflammatory, and running a continuous and protracted course.

1. *Gastric fever.*—Gastric symptoms prominent; no febrile remission.

2. *Typhoid fever.*—Rose-coloured spots, disappearing under pressure.

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OBSERVATIONS ON THE TREATMENT OF FEVERS.

3. *Typhus fever.* — Mulberry-coloured or livid spots, not removed by pressure.

α. *Cerebral complications.* — Membranes of the brain congested or inflamed.

β. *Thoracic complications.* — Bronchitic, pleuritic, pneumonic congestion or inflammation.

γ. *Abdominal complications.* — Gastritic, enteritic, hepatic congestion or inflammation.

II. Remittent Fevers.—Characterized by well-marked intervals of remission of the febrile state.

1. *Gastric remittent.* — Gastric symptoms prominent; distinct febrile remissions.

2. *Infantile remittent.* — Small intestines and mesenteric glands more or less diseased.

3. *Hectic fever.*—Some special local disease always present; great emaciation; cheeks flushed.

III. Intermittent Fevers.—Characterized by well-defined paroxysms of hot, cold and sweating stages, with distinct intervals of intermission.

1. *Quotidian.*—Paroxysms once in every 24 hours.

2. *Tertian.*—Paroxysms once in every 48 hours.

3. *Quartan.*—Paroxysms once in every 72 hours.

IV. Eruptive Fevers.—Characterized by more or less vascular excitement, and a special eruption on the skin.

1. *Varicella.*—Eruption vesicular.

2. *Variola.*

α. *Distinct.*—Eruption pustular, with central depression; pustules distinct; course definite and uninterrupted.

β. *Modified.* — Eruption pustular; course arrested.

γ. *Malignant.* — Eruption pustular, united into irregular clusters; fever of the adynamic type.

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3. *Rubeola.*

 α. *Simple.*—Eruption in crescentic patches of a red colour.

 β. *Malignant.*—Eruption dark or livid; fever of the adynamic type.

4. *Scarlet fever.*

 α. *Simple.*—Eruption bright red in colour, and developed on the entire surface.

 β. *Malignant.*—Eruption paler, partial and irregular in extent; fever of the adynamic type.

It will be observed that the fevers of hot climates, and the modified forms of fever in this country that are of rare occurrence, are not included in the foregoing arrangement. The first division comprises the large catalogue of continued fevers, the special characters of which are, negatively, the absence of distinct remissions or intermissions, and positively, the tendency to run a definite and protracted course of 5, 7, 14, 21, or even 30 days. These fevers differ widely from each other in severity, duration, and general or special complications; in some, the inflammatory symptoms may be very slight, in others, very severe; in some, no vital organ is specially affected, in others, the most important organs are seriously impaired, both as regards their functional powers and their actual condition; in some, there will be found congestive symptoms, in others, purely inflammatory symptoms, either acute or subacute, and in others, complete derangement of the nervous system, with depression or prostration of the severest kind.

In studying attentively the symptoms and pathology of fever, especially continued fever, with a view to indications for successful treatment, two very important and interesting questions present themselves. First, is it really a fact that the type of inflammatory and febrile

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disease has changed within the last twenty or twenty-five years, or is it that the constitution of man has changed, at least, so far as vitality and power are concerned? Either of these statements, or both, may be true; and the observation and experience of the writer would lead him to the conclusion that the latter is the fact. Perhaps the two are dependent on each other, and the wear and tear, the hurry and excitement of the present day keeping the whole brain and nervous system on the full and continued stretch, at the expense of physical and vital power, may have a tendency to cause a disease, when it does manifest itself, either to assume at the very onset the subacute and feeble type, or very speedily to degenerate into the completely prostrate and adynamic state of the very gravest character. Whatever the cause, the fact cannot be gainsayed, and must be patent to every observant practitioner, especially in London and its surrounding neighbourhood —perhaps, also, in all large towns and cities. The writer's experience would lead him to say that he has very rarely met with a case during the last twelve years, in which the symptoms were of that acute, active, sthenic character that would have justified him (irrespective of homœopathic experiences) in using the active measures of the allopathic school; and in all candour he must admit, that many eminent physicians of that school would not now dream of resorting to venesection, purgation and salivation, as in days of yore. Irrespective, then, of cause, the fact is established, the prevailing type of febrile disease or complication in large towns is more or less of the nervous or adynamic; and the special reason that has induced the writer to dwell on this fact, is the very important indication it presents in the treatment of disease, both medicinally, dietetically and regimenally, especially as regards that large class now to be considered—namely, continued fevers.

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OBSERVATIONS ON THE TREATMENT OF FEVERS.

The second question to be asked is, does a continued fever always run its appointed course without the power of being arrested? and more especially, is it possible to arrest, check the force or turn the current of the adynamic or typhoid type, when it first presents itself as a transition state in a continued fever?—in other words, can the course of a continued fever be arrested, and can its degenerating tendency be checked or averted? There can be no doubt that a continued fever does run a definite course, varied in duration according to certain special connecting or influencing circumstances; it may be a course of seven days, or fourteen, or twenty-one days, and this independently of the cause, character or complication of the fever itself. The generally received opinion is, that a fever of this class will run its appointed course, and that the indications for treatment are to watch the patient narrowly in anticipation of local complications, and to seek to carry him safely through an illness of a definite duration. Setting aside the question as to whether a fever can be cut short at its very onset by some violent artificial revulsion of the system—for this is not what the writer means—he ventures to express his belief that it is possible in some cases to arrest the course of a continued fever, and that it is perfectly justifiable to attempt to do so; whilst, as regards the question of the possibility of arresting or averting the typhoid type, when presenting itself in the course of a continued fever, he feels able to speak with the greatest certainty, at least, in some cases, for he has happily had personal experience of the fact in a most marked and positive manner. And this leads at once to the subject of the general treatment of continued fevers (and, by parity of reason, more or less to the other forms of fever also), under the threefold head of Medicine, Regimen and Diet.

Medicinal Treatment.— It is only necessary now to speak, in very general terms, on the subject of medicinal

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treatment: as each special form of fever will be dealt with in its turn. States and types will, therefore, rather be referred to than individual species. First, the inflammatory type:—It will be found in this class of fevers that *aconite* is of invaluable service, especially at the onset, and may be used most safely. Only those, perhaps, can fully estimate the value of such an agent as *aconite*, who have been harrassed in their allopathic practice with the question of the propriety of bloodletting in any given case; on the one hand there is the conviction that inflammatory action must be checked, on the other, there is the dread of well-known after consequences and states in the course of the disease; and thus there arises a conflict of opinion and feeling, causing much doubt, hesitation, and deep anxiety. Now, in homœopathy, this anxiety is greatly relieved, the *aconite* has all the advantage, without the disadvantage, of the lancet: congestion is relieved and inflammation is subdued, the vital powers are not prostrated, and the strength needed, perhaps, at the close of the disease has not been wasted at its onset. Still, *aconite* has to be used with caution, for in spite of the inflammatory type, there may be such a tendency to degeneration, that even its administration may afterwards become a source of regret. Secondly, the adynamic type:—Here homœopathy presents us with a remedy of priceless value in *arsenicum;* the exact correspondence of its provings is most striking, and will be referred to especially when treating of typhus fever; the general indications for its use are the dry glazed tongue, loss of vital energy, nervous prostration, in fact, the typhoid state, and on such occasions, whilst watching with daily anxiety the course of a continued fever, the writer has seen this typhoid transition state arrested and turned back by the prompt and vigorous use of *arsenicum*, in connection, of course, with appropriate regimen and diet. Thirdly, the gastric state,

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that is, with gastric symptoms predominating:—Here *bryonia* is of essential service, and may confidently be relied on, not, of course solely and exclusively, but, nevertheless, very frequently. Fourthly, the brain state, that is, with cerebral symptoms predominating:—Here *belladonna* is indicated, and may be given most successfully, either alone or in alternation with *arsenicum*, when the dangerous local cerebral complication exists in connection with the equally dangerous adynamic type of fever.

2. Regimen.—No special rules are required in the homœopathic treatment of fevers as regards regimen, but only those which belong to the domain of medical science generally. Cleanliness and pure air are indispensable to the successful treatment of fevers, more especially those of the nervous type; in the absence of these a fever may degenerate into the adynamic form, and in the due observance of these most important agencies, such a tendency may possibly be averted. It has always been the writer's practice when fever of a low type has been present, to have the room stripped of every needless article of furniture, the carpets taken up, the bed curtains removed, proper ventilation observed, scrupulous attention to cleanliness of the bed linen and dress enjoined, frequent spongings and ablutions to the person, and the floor sprinkled with disinfecting fluid. All these matters, though small in themselves, are adjuncts of immense importance in the treatment of fever.

3. Diet.—A most careful attention to dietetic rules is indispensable in the treatment of fever, irrespective altogether of any special plan of medicinal treatment. In the early stage of fever, and especially if it be the inflammatory type, a very moderate and unstimulating diet will be necessary, in some cases, indeed, almost total abstinence is desirable, but if there be any indications, however early

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of a low or typhoid state as likely to set in, the writer has found, from experience, that a more nutritious diet, with a moderate amount of alcoholic stimulant is most desirable. He has seen the most marked benefit from port wine and water (a wineglass of the wine to a tumblerful of water) even if the pulse be frequent and the skin hot and dry, if there be suspicious indications of a typhoid state supervening, whilst in the actual existence of typhus, no stimulant is equal to pure good brandy, of which there seems to be a special tolerance under such a state of system easily explained on sound chemical and physiological principles. He also found, much to his surprise, that the same dietetic rules were needful in the treatment of several cases of fever at Ramsgate as in London, even with all the benefit of pure invigorating sea air in the former place. In purely gastric fever, however, when there is a very coated tongue, much nausea, and a decided repugnance to food, the function of digestion being almost entirely suspended, it is not desirable to press any kind of food, at least during the early stage of the disease; but on the appearance of a low nervous, adynamic or typhoid state, it is indispensable to administer carefully, some nutritious food, together with wine or brandy, moderately or freely, according to the exigencies of the case.

On referring to the suggested arrangement of fevers, it will be seen that there are two very important subdivisions under the first general heading of continued fevers, first, (A) those of the inflammatory type, and secondly, (B) those of the nervous or adynamic type. The continued forms of the first, or inflammatory type, are specially characterized by more or less vascular excitement, producing either a congested or an inflamed state of one or other organs, and the accompanying fever runs a more or less rapid, continuous, and definite course. The special forms enumerated are *catarrhal fever, rheumatic fever, puerperal*

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fever, and *brain fever*. It may be objected that these are merely inflammations of certain parts or organs, accompanied by the usual inflammatory symptomatic fever, and that with equal justice, every other inflammation of the acute kind might be ranged under this division. On reflection, however, it will be seen, that in the four diseases just mentioned there is an absolute speciality about the febrile state and symptoms, which justifies their being arranged in the manner proposed. At least, such is the writer's opinion, although he has no wish to dogmatize upon the point.

It will now be desirable to treat of these four continued fevers of the inflammatory type in detail.

1. *Catarrhal fever*.—The term Catarrhal fever, is of wide meaning, but is restricted in its present use to a febrile affection of a more or less continuous character, accompanied by an inflammation, more or less severe, of the mucous membrane of the eyes, nostrils, and fauces. The irritated membrane at first secretes a thin acrid humour, and afterwards a thick copious mucus which affords considerable relief. In the early stage of all varieties of this disease *aconite* will be found most serviceable, the provings thereof fully justifying its use, viz.: "frequent shiverings, with dry burning heat of the skin; piercing throbbing in the head, forehead, and temples; eyes red and inflamed profuse lacrymation; stupifying pressure over the root of the nose; burning, fine piercing sensation in the fauces." Catarrhal fever generally arises from exposure to cold, thus inducing suppression of the cutaneous perspiration, contraction of the capillary vessels of the skin, and consequent congestion, more or less, of the vessels of larger calibre. The effect of *aconite* is most marked in restoring the balance of the circulation that has been destroyed, in promoting a gentle perspiration, and thus relieving the distressing symptoms of this ofttimes troublesome disorder.

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The other medicines used in the homœopathic treatment of Catarrhal fever are chiefly *nux*, *mercurius*, and *arsenicum*, either alone or in alternation with *aconite*, according to the special symptoms indicated. If the catarrhal fever be accompanied by much gastric irritation, or a dry cough with splitting frontal headache and bruised feeling at the epigastrium, also a scraping sensation in the throat and fauces, *nux* will be found very serviceable, as indicated by the following provings, viz.: "drawing and lacerating in the limbs, bruised pains in the limbs, scraping sensation in the throat and in the region of the orifice of the larynx as of rancid heartburn, catarrh with headache, heat in the face, chilliness, and a good deal of mucus in the throat, cough, occasioning a headache as if the skull would burst, cough, occasioning a pain as if bruised in the epigastrium, sick feeling in the pit of the stomach towards evening, as if nauseated; frequent bitter or sour eructations, tongue coated with yellow or white mucus." If the symptoms are purely those of ordinary coryza, *mercurius* will be indicated by the provings, viz.: "violent pain, as if bruised in the whole body, especially the thighs; feeling of fulness in the brain, as if the head would burst; swelling of the whole nose; dryness of the nose; frequent sneezing; coryza with much sneezing; violent dry coryza with stoppage of the nose; profuse fluent coryza; catarrh with chilliness." If the catarrhal symptoms are of the influenza character, viz.: great nervous prostration with general debility, and the fever rather more of the remittent than of the continuous type, then *arsenicum* will be found invaluable, as the provings fully indicate, viz.: "frequent, continued sneezing; dryness of the nose, or else discharging of an acrid fluid; profuse fluent coryza, with a stoppage of the nose; excessive coryza with hoarseness, and sleeplessness with discharge of a watery mucus, occasioning a biting, burning and soreness in the nose; general

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rapid sinking of strength; excessive debility, particularly of the lower limbs, knees and feet, which are trembling." In addition to the remedies already mentioned, others will be occasionally indicated, according to special characteristics, for instance, *chamomilla* is very useful in the catarrhal fever of children; *pulsatilla*, if the attack be associated with menstrual irregularities or suppression; *dulcamara*, when the cutaneous perspiration has been suddenly checked, owing to the impression of violent external cold and dampness; *sulphur*, after the more acute symptoms have passed away, and the disease assumes a more chronic character. Nor must it be forgotten, in addition to the foregoing remedies, that a hot foot-bath, warm diluent drinks, abstinence from stimulating diet and drink, cessation from physical or mental labour and careful avoidance of exposure to cold air, are important adjuvants to treatment.

It has been the writer's practice to use these medicines in the above diseases in the third dilution almost exclusively, giving, sometimes the *aconite* at first alone, or afterwards in alternation with another medicine, and subsequently continuing the treatment with the one other medicine more particularly indicated. It is not necessary to cite any cases in detail, they occur so frequently, and will generally be found to do well; at the same time it must be remembered that many grave diseases are ushered in by an attack of what appears at first to be merely catarrhal fever, and so, the symptoms, if severe, should be very carefully watched, and any threatening complications immediately met by the appropriate remedies.

2. *Rheumatic Fever.*—This most troublesome and painful malady is essentially an inflammatory fever, with an acute local inflammation. The parts specially affected are the fibrous tissues of the larger joints, and sometimes by metastasis, the fibrous textures of the heart: this latter

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complication rendering the disease often one of imminent danger to the patient. It must also be borne in mind that there generally co-exists a morbid condition of the blood and urine, the former having an excess of fibrin, also of uric and lactic acids, the latter being scanty, high coloured, of an acid reaction, and depositing during the progress of the disease the mixed urates. The skin also secretes a profuse acid sweat, very disagreeable to the patient, and affording little or no relief to his pains. The plan of treatment under the allopathic system has been very varied. During the time of the writer's pupilage at Guy's Hospital, upwards of thirty years ago, the favourite treatment was *colchicum* in powder, with frequent doses of the *sulphate and carbonate of magnesia.* More recently the *lemon juice* has been given with variable success, and in many cases venesection, more or less copious, was had recourse to. The treatment of this protracted malady, is at least as successful under homœopathy, although it must be confessed that very frequently the disease seems to baffle every form of treatment, and to run on its course with more or less severity, for four, five, or even six weeks. The writer has treated at least one hundred cases in past years with *colchicum* and *saline aperient draughts,* sometimes preceded by bloodletting, and at other times without it, and he must honestly acknowledge that such treatment was often very successful. It would seem, however, on the authority of Dr. Barlow, that "Rheumatic carditis has increased in frequency with the use of colchicum in the treatment of rheumatism." As regards the lemon juice, the writer has only had experience of its use in one case of rheumatic fever, and that was a very severe and well marked one, and the treatment was certainly most successful. It was the case of a healthy, robust young man, aged twenty-two, who was seized with rheumatic fever of a very severe and acute

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kind, after exposure to wet and cold, and subsequently remaining some time in his wet clothes. The pains were very excruciating, the joints of both the upper and lower extremities were affected, rendering the poor sufferer quite helpless and fixed, the accompanying fever was very high and the pulse strong, quick, and full. After the administration of repeated doses of *aconite*, to diminish the excited arterial action, he commenced to take a tablespoonful of *pure lemon juice*, at first every three hours, afterwards at longer intervals. The skin perspired very freely, the secretion being very acid and of a fetid smell, and a copious miliary eruption broke out over the body. The disease ran its course for about four weeks, and eventually the patient did well. He took altogether the juice of two hundred lemons, and no other medicine was given. No affection of the heart supervened, and he has continued in good health up to the present time, the attack having occurred some few years back. This case was as severe as any that ever came under the writer's notice, its duration (judging by the experience of other cases) was lessened about fourteen days, and much relief to the intense pain was frequently afforded immediately on taking the *lemon juice*.

The foregoing case strikingly illustrates the power of *aconite* in reducing the pulse, and in checking the high inflammatory fever. It has already been remarked, that it is comparatively rare in the present day to meet with cases where even the allopathic practitioner would venture to bleed very freely; but this was one in which, on the principles of that system, he would have been fully justified in depleting to a considerable extent. The result shows that *aconite* was fully equal to the emergency, and there are some special symptoms in the proving of this drug, which fully justify its use as above, viz.: "distressing sensibility of body, and especially of parts

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affected, to every movement, and to the slightest touch; pain, as from a bruise, and sensation of heaviness in all the limbs; a sensation of drawing, with paralytic weakness in the arms and legs; bruised pain in the shoulder-joint and hip-joint; drawing pain in the elbow-joints; tearing and paralyzing in the wrist-joints; numbness and lameness in the left thigh; tearing of the knees as with a jerk in the inner side." It may also be mentioned that one of the characteristic peculiarities of *aconite* is its applicability to acute local inflammations with great erethism of the nerves and the vascular system, violent fever, the pain appearing intolerable. As to the therapeutic action of the *lemon juice*, there is no absolute antagonism to the law of "similia similibus" when we bear in mind that the essential cause, or *materies morbi* of acute rheumatic fever is undoubtedly owing, in great measure, to an excess of lactic and uric acid in the blood, and that acid urine and acid perspirations are frequently concomitant symptoms of the disease. The experience of Dr. Kidd in the use of *lemon juice* is, that those cases of rheumatism have been most benefitted which were accompanied by positive evidences of acidity of stomach, acidity of urine, acid perspirations, and even acidity of mouth. The first physician to suggest the use of *lemon juice* in rheumatic fever, was Dr. G. O. Rees, (an old fellow-student of the writer's at Guy's Hospital) and his object was to prevent the excessive formation of uric acid by the oxydation of that acid, and its conversion into urea, such a change being brought about by the oxygen supplied in the digestion and decomposition of the citric acid contained in the lemon juice. He gave very large doses, sometimes two or three ounces three or four times a day, and in a considerable number of cases the patient became convalescent in five or six days; but the powerfully depressing effects of this remedy, the lowering of the pulse to a sometimes alarming extent, its

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frequent failures, as well as the fact that cardiac inflammation does sometimes arise during its employment, Dr. Barlow considers as drawbacks to its eligibility for the cure of rheumatism, and recommends its use to be restricted to those patients whose systems are robust, and where the rheumatism is of a well marked acute character; if to this be added, when the urine and especially the perspiration are positively acid, and the dose given is moderate and not excessive, then its beneficial action may be expected. The writer has dwelt at some length on the action and use of the *lemon juice*, because every physician must feel how intractable a disease rheumatic fever often is, how intense and agonizing the pain that is endured, and, therefore, the positive duty to make use wisely and discreetly of any remedy that holds out a chance of safely, cutting short so protracted and painful a disease. Such a principle will assuredly be recognized by every physician, who, rising above all conventionality, acts out his true vocation, viz.: to cure the patient as safely, speedily, and as pleasantly as he can.

The principal remedies used by the writer in the homœopathic treatment of rheumatic fever (in addition to the *aconite* and *lemon juice* already spoken of) are *bryonia, rhus, mercurius*, and *pulsatilla*; the consideration of these must, however, be deferred until next month's continuance of this paper.

(*To be continued.*)

BRIEF NOTES ON CASES OF DISEASE.

By J. H. Nankivell, Penzance.

Strumous wound of eyelid.—Hepar, Calc. c., Silicea.

James Beckerley, aged 2½ years, a delicate boy. Four months since, a small abscess formed on the inferior eyelid of the right eye; it soon discharged some thin pus,

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BRIEF NOTES ON CASES OF DISEASE.

and has ever since remained open, the matter at times drying, and forming a scab over the openings. A bridle of skin crossed over the centre of the wound, under which a probe was easily passed; the bridle was cut through, and the cavity plugged with lint dipped in tincture of *calendula*. The boy first took *hepar;* granulation sprang up; but as cicatrization went on sluggishly, he had first *calc. c.* for a week, and then *silicea*. At the end of a month the wound was closed.

J. Mathews, aged 52, a thin man, and of sallow complexion. Four years since, a strumous abscess formed over cartilages of ribs, on the left side, below the breast. After the abscess had been discharged, there was occasionally a discharge of thin pus, with curdy matter; and it was generally considered to be an incurable "fistula." He took *calc. carb.* and *silicea* in alternation, and in about six weeks the wound closed, and has remained whole and sound up to the present time. It is scarcely necessary to add, that no local applications were used to the wound.

Remarks.—The first case above mentioned is not of much importance, in any respect, as affording a therapeutic lesson; because the small amount of surgery which it required, may have been nearly all that was necessary in order to bring about a reparative action. Certain it is, that whenever bridles of integument are extended across strumous wounds, they should invariably be divided; because it will always be found, that where these bands or bridles become attached to the skin common to the part, the skin itself will be found to overlap the wound. Hence it happens that pus accumulates beneath the overhanging skin, and no healthy line of cicatrization is formed, so as gradually to diminish the wound from its entire periphery.

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BRIEF NOTES ON CASES OF DISEASE.

The second case is of some value, as confirmatory of the well-known working of *calc. c.* and *silicea*, in fistulous wounds. Many homœopaths discountenance the publication of "Cases," but I am at a loss to understand for what good or sufficient reason. If cases are honestly related, they surely tend, when successful, to increase our confidence in the remedies we use; or on the other hand, when unsuccessful, they have the effect of inducing us to look closely after the cause of failure.

Paralysis.

October 1863. Master Thomas, of Polgoen, near Penzance, aged 8 years, a thin, delicate lad, with high forehead and intellectual countenance. He was in pretty good health until twelve months since, when he bathed in a river and took cold; he suffered severely in his throat for a while. In the height of the summer ('63) he left off his flannel jacket. In August he awoke one night with an attack of croup, and his throat was rubbed with some antimonial ointment, which produced great irritation and pustulation of the skin.

A doctor was called, and an emetic administered. He continued dangerously ill, and at last coughed up a tough, membranous mass, after which he felt relieved; but he lost his voice for a few weeks. Soon after this he complained that his sight was dim; and as it was thought that he was suffering from worms (worms and teeth have much more laid to their charge than they deserve), some quack lozenges were given to expel the intruders. The child was dreadfully purged with the physic, so much so that he became faint, and it was feared that he was dying. Since that time, viz., about two months, he has been very weak; he has great difficulty in swallowing, and fluids frequently return by the nostrils; he has to swallow with great caution, from fear of choking; he complains much

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of headache; he is so weak in his legs that he frequently falls; he walks broad legged, and the knees appear to bend outwards.

At the time when I first saw him, his sight was not bad; the tongue clean; the bowels acted regularly; the appetite "mean;" no cough; no vomiting; urine natural; sleep disturbed; he sighs heavily when asleep, and takes his breath very irregularly, at times slowly, at times rapidly (cerebral? spinal?). Twelve months since, had a discharge from the right ear; hearing on that side is imperfect. He took a dose of *nux vom.* 12 every night, and of *sulph.* 30 every morning, for a week; and afterwards he had *calc. c.* 3, one drop daily in *sacch. lac.*, for a fortnight. At the end of the three weeks of treatment there was a marked improvement; no more medicine was given; and by the end of November he was in perfect health, and has remained so up to the present time.

Now the paralysis of the throat and of the lower extremities, in the above case, would seem to resemble that which takes place after diphtheria; although, from the history which I received from the youth's parents, the principal illness was an attack of croup. Doubtless the severe purging with worm-cakes had much to do as an associated cause in bringing on the "functional" paralysis. *Quære*—Would this alarming malady have been got rid of by the efforts of nature, without homœopathic treatment?

KEROSENE, A HOMŒOPATHIC REMEDY FOR BURNS.

By A. J. B. Jenner, Esq., Homœopathic Practioner, Brisbane.

Petroleum, or *kerosene*, is a natural production, arising, as is supposed, from the decomposition of coal. It is composed of carbon and hydrogen, and is, therefore

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highly combustible. As a medicine, it is used by practioners both of the old and new school. By the former it has been administered, *internally*, as a vermifuge, and occasionally in cases of asthma; externally, it is used as a liniment in paralytic affections, and in particular diseases of the joints, &c. But in homœopathic practice, its use has been chiefly confined to internal affections; and, as is well known to those who have adopted the latter system, it is very effectual in various gastric derangements, and is almost a specific in that most distressing complaint, *sea sickness*. But it is in reference to its external use in burns and exanthemata that I now desire to call the attention of my readers.

A short time since I met with an accident, which might have resulted in serious consequences had it not been for the timely application of this substance. The accident alluded to was a very severe burn, which implicated the whole of the inner surfece of my hand; the pain was *most excruciating*, and the contraction was very extensive. Being away from home at the time, and consequently, not having the proper homœopathic remedy at hand, I had to think of an immediate substitute, and I decided on *kerosene;* accordingly, I immersed my hand in this fluid, and in a few minutes the pain had very considerably subsided. Seeing the good effects of the first application, I resolved to continue it, and when I got home I applied a quantity of cotton wool, saturated with the *kerosene*, and wrapped it up. The next morning (about twelve hours after the accident) my hand was to all intents and purposes *well;* but, as may be supposed, it was rather tender, so I covered it with an old kid glove: but applied no other remedy.

Kerosene cured my hand: of that there is not the shadow of a doubt; but it remains to be shown that it did so by virtue of its homœopathicity to the disease, or capability of producing similar effects.

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KEROSENE, A HOMŒOPATHIC REMEDY FOR BURNS.

This point is, in my humble opinion, equally proved, beyond all doubt; for on the morning after the accident, on examination, I found that the *back* of my hand, which was also covered with the *kerosene*, but was not actually burned, was covered with a bright red exanthem or rash, and studded over with innumerable small blisters, which, however, gave me no annoyance beyond a burning sensation when exposed to the air, and they went away of their own accord.

Now this is just what would happen in a case of burn or scald, in which the injury had not penetrated to the true skin; but that which is more extraordinary still in reference to this case is the fact, that on the seventh day after the accident, the epidermis, or scarf skin, commenced to peel off both the inside and the outside of my hand, both the part which had been actually burned, and that which had been simply acted upon by the *kerosene;* thereby showing a direct influence, and in my opinion, homœopathic sympathy between the two surfaces. However, these facts convince *me* that *kerosene* cured my hand by virtue of its power to produce similar effects to those caused by the accident. There was the burning pain on exposure to the air (certainly, much less intense): there was the reddened appearance, and the vesication—all symptoms of a superficial burn or scald—and, therefore, I consider that *kerosene* is a very excellent, if not the very best homœopathic remedy in such cases. If these few remarks should suffice to induce any person to further experimentalize in more deep seated cases, or, if they should be the means of alleviating but one case of suffering, they will not have been made in vain; and certainly, in a scientific point of view, the experiment is worth trying.

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THE ULTIMATE FUSION OF THE TWO SCHOOLS OF MEDICINE, A NECESSITY INHERENT IN THE LAW OF PROGRESS.

By Dr. Eadon.

The Bard of Avon says:—"There is a tide in the affairs of men, which, taken at the flood, leads on to fortune;" and there are tides of thought, too, in the development of the human mind, which lead to discoveries marvellous in their nature, and unlimited in extent, for the benefit of Man. Society, at the present time, is the resultant of forces of this kind, acting at right angles to each other, from age to age in the great parallelogram of human progress. In science, in art, in literature, a higher elevation has been reached, and still "Alps on Alps arise" as other ascents are gained. This has always been the case, even with regard to subjects that seemed to have lagged behind in the general march of improvement. The decree has gone forth, that nothing animate or inanimate, material or spiritual, or any developments therefrom, shall stand still. Not only onward, but a continuous improvement, is the grand law of the mental and the physical universe; and every phase of human thought, although it may appear stationary for a time, will have, at the pre-ordained period, its impetus,—its "tide," (as the poet has it), which will lead to new discoveries, enlarged spheres of action, and to more practical aims. Nor will the Therapeutics of Medicine escape from that divine afflatus inherent in the law of progress. The bell has tolled for the burial of almost countless numbers of multiform errors, and already the bright light of Truth is streaming down the Medical heavens! The Speculative Medicine of the past is fast culminating into the positive forms of a Scientific and Rational Medicine, founded on a purely practical and indestructible basis. Prejudice hath frowned upon this change; ignorance hath tried to decry

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it; idleness to bluster it down; wit to smirk its puny raillery against it; and lolloping impudence to *curse* it, because of the extra trouble it entailed—but all in vain. The human mind, though often wrapped up for lengthened periods of time in its own mightiness, possesses an inherent self-development which it is as impossible to overrule, or prevent, as to check the lightning's course when passing from clouds surcharged with the positive and negative electricities. Advancement is the law of our being, and is inevitable. The so-called wisdom of the *past* is often but the folly of the *present;* and *that* which is deemed truth *now*, may appear the mere ravings of ignorance when viewed from a higher state of cultivated being. This has been the case in every department of knowledge, save in those instances wherein man has grasped great natural principles, or traced out relationships as eternal as the Heavens.

Instead, then, of raising a hue-and-cry against the discovery of NEW TRUTHS which the genius of man may, from time to time, develop, would it not be more graceful for the leaders of public opinion to receive fresh forms of knowledge with all the urbanity of accomplished scholars, and with a full consciousness that what is *known* is insignificant in comparison of that which is *unknown*, than sulkily to stand in the THERMOPYLÆ-OF-THINGS-AS-THEY-ARE, bid defiance to any advance, and furnish another example, in the history of human folly, that million-lanced truth can force *any pass of obstruction*, fight through any *gorge of difficulty*, and must, of necessity, enter the open plain of progress triumphant over all opposition.

The body is a congener of organs, separate in function, but sympathetic in action with each other. In health, each organ, part, tissue, or neurilemma has a specific natural stimulus for the production of healthy action. Health is the result of a perfect harmonic action between

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all the relationships of specific natural stimuli and the physiological functions of every organ. Light is a natural specific to the healthy action of the eye; air to that of the ear; food to the stomach; and each particle of the blood itself stands in specific rapport to some special part, nerve, tissue, or membrane of the body. This is physiological action. Drugs have nothing to do with the harmony of physiological function. Natural stimuli are the causes, of which physiological harmony of function is the effect.

On the contrary, Drugs are artificial stimuli, and stand in specific relation to the pathological functions of the organs. Each Drug has a special affinity for some part of the body, and has a definite specific relation to some morbid condition. Mercury acts on the gums; even if rubbed on the soles of the feet. Chromate of Potash acts on the air-passages, no matter how introduced into the system; Arsenic inflames the stomach and rectum, and will produce its effects whether introduced into the system by means of a wound, the nostrils, the skin, the stomach, &c.; and it is the province of Drugs to restore to healthy action organs in a diseased or pathological condition, as the natural specific stimuli act on the same organs taken in a healthy or physiological condition. Each drug has not only its own specific domain of action, but no other drug can stand as its complete substitute. Several drugs may be found to have an affinity for any given organ, but not one of them can restore that organ to a normal condition, unless it can produce a pathological state in the healthy, similar to that under which the organ is labouring in disease. Drugs having a special affinity, not only with organs, but with specific morbid conditions of those organs is what is meant by Homœopathic specificity. Drugs in special rapport with organs *without reference* to any specific pathological state being taken into consideration, is the highest style of allopathic specificity or differential Ho-

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mœopathy. The former is a strictly *curative specific*, the latter, at best, but a mere palliative. The one meets every morbid phase of the organ: the other acts only in a general way, and as an alterative. Well, then, a physiological stimulus acts specifically on certain organs, and produces specific definite phenomena: and no one natural stimulus can stand in the place of, or be a complete substitute for another natural stimulus. A drug stimulus acts specifically on certain organs, and produces specific definite morbid phenomena, and no one drug can stand in the place of another as its complete analogue or true specific. In order to cure, the drug given should act ON THE PART DISEASED. Common sense, without any medical learning, would dictate that step in the treatment. Now, the question is, should drugs, known to act on a given organ, and to produce symptoms "*like*" those manifested by the diseased organ, be given (which is homœopathy), or those which produce symptoms greatly different from the phenomena manifested (which is Allopathy); or those which produce the polar opposite to the symptoms, and pathological conditions manifested? (which is Antipathy). One or other of these modes must be made use of—which is correct?

Similarity is not *sameness*. The symptoms produced by a drug are not the *same* as those produced by the morbific force, but *similar*. Similarity implies resemblance, but also a difference. The Drug produces an *alterative action* on the seat of the diseased organ, as the morbific cause produced an alterative action on the physiological seat when in health; and the reaction against the drug must be in all its great *leading characteristics*, *like* those manifested from the reaction of the organism when influenced by the morbific cause. This highest kind of similarity (similimum) between the phenomena of the morbific cause, and the pathogenetic effects produced by

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the drug *in the exact seat of the disease*, is homœopathy. If another drug is known to act on the seat of the disease, producing phenomena different—more dissimilar—from those manifested by the natural cosmic or morbid force which induced the disease, this is allopathy in its highest style of practice. An alterative effect being produced *in the seat of the disease*, nature sometimes steps in, palliates the symptoms, and often gives the patient the notion that a real curative effect has taken place. A third drug may be given, known also to act on the seat of the disease, but producing a series of symptoms diametrically opposite to those manifested by the natural morbid cause; this is antipathy. This last plan sometimes keeps the morbid force so long in abeyance, that the vital force once more comes into play and the patient feels better. The size of the dose, whether great or small, is not homœopathy, any more than the shadow is the substance. Every mode of operation hath its philosophy and its common sense aspect. In the three forms of practice just adverted to, what is to be the size of the dose—infinitesimal, medium or massive? A difference obtains in practice. Is this difference founded on a *principle*, or is it the mere result of custom, or of prejudice? Morbid influences act on certain parts: the body reacts against those influences; these are the phenomena manifest to the senses *i.e.* the symptoms. Firstly, give a medicine which will impress *the seat of the disease*, and cause a reaction of a series of visible phenomena similar to those produced by the morbific force, and there will be a cure, and with a very small dose, too. For, the greater the similarity between the morbid symptoms and those produced by the drug, the smaller will be the amount of medicine required. Secondly, give a medicine which will act *on the diseased part*, but with a reaction in respect of symptoms of a differential character, and a much larger dose will be required for mere palliation, or the suspension

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of symptoms. Thirdly, give a drug which also acts on the diseased organ but with a reaction of symptoms, the polar opposite to those of the natural disease, and a much larger dose will be required.

The first—the superinduction of a *series of drug symptoms* and *morbid states*, similar to a series of symptoms and pathologic conditions from morbific causes in *the very seat of the disease*, is the only method of cure known which can have any pretensions to being rational or scientific, and is, *de facto et divino jure*, no other than Specific Homœopathy.

The second, superinducing in the *seat of the disease* a series of drug-symptoms, *different* by many degrees from similarity, is Differential Homœopathy or Allopatho-homœopathy, and is the best practice of the best men in the dominant school of physic. This treatment, though in its nature mostly palliative, or suspensive, is *the highest form of curative effort* in old physic practice; yet it is an inferior mode of practice, and only adopted by members of the homœopathic school from dire necessity.

The third, by setting up a train of drug-symptoms in *the seat of the disease* the polar opposite of the naturally induced morbific symptoms, is Allopatho-Antipathy. This mode of treatment of the old school (limited, of course, as the opposites to a few diseases only can be found) is followed by a few heroic practitioners, who, believing with John Hunter, that "two diseases cannot exist in the same place at the same time," play upon the credulity of their patients, and set up a new disease more powerful and destructive than the one for which their medical skill was summoned. The one point approaching to homœopathy in the last mode of practice is the artificial disease being set up *in the seat of the natural disease.* Some might call this, in consequence, Antipathic Homœopathy. Whoever sets up artificial morbid states, in *the diseased part*

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or organ, whether the symptoms produced be *similar*, *differential*, or *antagonistic*, is practising homœopathy *in one of its forms*—the perfect, the very doubtful, and the most unsatisfactory. Again, a question occurs in reference to this second and third mode of meeting diseased conditions: is one drug only to be given, or is there to be an alternation of drugs, or a mixture of compatibles?

If a thorough knowledge of the morbid condition and its manifestations can be obtained, and a drug can be selected capable of producing the corresponding conditions then ONE DRUG ONLY IS NECESSARY. The action of a drug is definite, uniform and invariable, and when once known, its action is the same in the like conditions. If the artificial-disease-produced-symptoms are like the natural-disease-produced-symptoms in their leading characteristics, then it would be folly to throw into the circulation any other element to mar the result, or to destroy the correspondential harmony. The perfection of medical skill, is the knowledge of *that one drug* which will meet the morbid conditions on all points. Homœopathy, in its purest form of administration, requires *one drug only*, not even *two in alternation*. If this is correct—and who dares question it—does it not follow why practitioners, who endeavour to cure by methods No. 2 and No. 3 mix two or three compatibles. A practitioner of this order selects a drug which experience has taught him acts on *the seat of the disease*. He knows its general mode of action, but is ignorant of its minute and marvellously delicate shades of manifestation. Being uncertain as to the minutiæ, he selects another, and a third, and a fourth, of whose particular pathogenesis he is still ignorant, save that they are called compatibles and are known to act on *the diseased part* or organ. By blending these into one mixture, he hopes one or other of the ingredients will meet all the

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morbid conditions, and thereby effect a cure. Being ignorant of the true pathogenetic remedy—*the real one curative drug*—perfectly adapted to the case, he selects several analogues, trusting to chance for a good issue to the attempt. Now this is the most scientific treatment of old school physic. The master-spirits cannot soar into a higher Heaven. What does this show? Either a thorough want of knowledge of the minute properties of drugs, or of the phenomena of disease, or of the adaptation of the one to the other. Ignorance of the pathogenesis of drugs, as known by provings on the healthy body, prevents the clever men, in old school physic, from opening their eyes to the grandeur of the homœopathic law; without doubt the most splendid generalization in medicine ever made known to the world. The whole system of polypharmacy, had it a voice, would proclaim with trumpet tongue; "Had these men an accurate knowledge of the virtue of drugs, in all their leading features and minor shades of difference, and were they aware of the principles of their applications, I, whom they call Polypharmacy, would never have had an existence. Ignorance called me into life: and, if ever the light of pathogenetic knowledge should dart through the dark chambers of their brains, death will be my doom. The world will then stand in amazement at the great age I have attained and the millions of human bodies I was compelled, much against my will, to poison, to rot away, and ultimately to destroy." Yes! this is true. Polypharmacy has been a curse to the human race, and its direful effects on the bodies of men will be felt for generations to come. Accurate knowledge requires *one medicine only* to meet *one morbid state*. If two are given ignorance is undoubtedly displayed. The mixings of medicines is a sign of ignorance, and it would be quite as rational to go to the French Codex, at once, and give Theriaca, an Electuary composed of *72 ingredients!!* as

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to mix together three, four, or five drugs, of whose properties we are mainly ignorant.

The following table will present to the eye at a glance the views thus far advanced:

TABLE OF FUSION

OF THE

HOMŒOPATHIC AND ALLOPATHIC SCHOOLS OF MEDICINE.

Table 1.	Table 2.	Table 3.
Specific Homœopathy.	Differentl. Homœopathy or Allopatho-Homœopathy.	Antipathic-Homœopathy.
The Law: Similia Similibus.	The Law: Substituenda a substituendis.	The Law: Contraria contrariis.
The drug given, acts *on the seat of the disease*, and produces states and symptoms *like* those of the natural disease. The remedies act *similarly* to the action of the disease: yet are slightly different. This is the Divine Law of Therapeutics, given by God, but thoroughly opened up to the human race by the illustrious Hahnemann.	This is the supercession of Wood; the substitution of Trousseau. The drug given also *acts on the seat of the disease*; but produces trains of symptoms, *different*, by many degrees, from those of the natural disease. An accurate knowledge of the pathogenesis of drugs would cause practitioners of No. 2 to set up a disease, not only in *the seat of the natural one*, but a *similar disease*. Hence, in time, the practitioners of No. 2 will be fused into those of No. 1.	The drug given also *acts on the seat of the disease*, but the object is to set up morbid states and symptoms *diametrically opposite* to those produced by the natural disease. The setting up of a disease in the place of the natural one is correct; but the impossibility of producing a contrarium to the symptoms of the natural disease, will compel practitioners of No. 3 to follow the gentlemen of No. 1. Hence the fusion will be first into No. 2, and then, finally, into No. 1.

The practitioners of No. 2 table have stumbled accidently on many drugs which act *on the seat of the disease*, and produce symptoms *more or less like* those manifested

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by the symptoms and morbid states of the natural disease. For instance, they give Mercury for syphilis; Copaiba for gonorrhœa; Sabina for hæmorrhage; Calomel for inflammation of mucous surfaces (Dr. Habershon, an allopath, thinks this is incorrect); Tart. emetic for pneumonia; Ipecac. for bronchitis; Nux for constipation; Quinine for intermittent fever; Opium for congestion; Turpentine and Canth. for cystitis; Castor oil for diarrhœa; Colchicum for gout; Rhubarb for infantine diarrhœa; Camphor for cholera; Bell for sore throat; Rhus tox. for erysipelas; Cod-liver oil for consumption; Kousso, for tape-worm; Alcohol for delirium tremens; Nitrate of silver for epilepsy; Lemon juice for scurvy; Iodine for scrofulous affections; Bismuth for gastralgia; Sarsa for the skin; and Zinc and Silver for nervous diseases. Those gentlemen—the No. 2 class—who practice on the borders of Homœopathy, and with homœopathic remedies too, are so near the homœopathic law, that the differential shades are not always very distinguishable. They know that Ipec. will vomit and Coloc purge; and Ignatia will convulse; Arsenicum inflame the stomach, and Phos. the lungs; Bell. and Opium act on the brain and Strychnine on the spinal cord, and they give them for these conditions. Although there is here an approximation in a general way towards *our science*, yet the practice is a bungling one, because the remedies are applied to what are termed DISEASES, instead of to *special morbid states* and *definite manifested symptoms*.

The practitioners of the No. 3 table have a very limited area for the exercise of their medical skill. They have cold against heat; purgatives against constipation; astringents against hæmorrhages; narcotics against wakefulness; anodynes against pain; stimulations against weakness; depletion against excitement; and the whole class of antiphlogistics for topical application. When these methods fail, this 3rd class of medical men fall back upon class

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No. 2, and avail themselves of differential or bastard homœopathy. The fusion of No. 3 with No. 2 has, to a great extent, already taken place; and it requires but little perspicacity to see that the best men of table No. 2 will ultimately fuse with those of table No. 1.

In these three modes of meeting disease, are seen the best practice of the medical profession. The first alone is Scientific and curative; the second is highly palliative, and approaches the curative in proportion as differentism is lost in similarity; the third is more substitutive, than palliative, and, consequently, in the end is injurious to the organism. From this it is evident why people who enjoy the best treatment of No. 2 rest satisfied with their present allopathic advisers. The fact is, the world is "getting FULL OF HOMŒOPATHY ADMINISTERED BY ALLOPATHIC HANDS!! and the old game of Jenner and Harvey is being played over again. We have had the fulminations, the persecutions, the satires, the ridicule, the haughty laugh of arrant quackery, and we have still the unprofessionalness of touching the hem of the homœopathic garment. Next will come—is already coming, fast—a studied silence, an apparent indifference, a more amiable mood when Homœopathy is alluded to; but all the time, a SLY APPLICATION OF THE LAW, and the administration of the peculiarly prepared drugs are taking place; Finally will follow an open avowal, that the treatment by "Similars" has always been, more or less, the practice of physic, ever since medicine was worth following as a profession. Let us now advance to Revulsion—the reflex action of medicine—the round about mode of effecting cures, or of palliating symptoms:

REVULSION.

Hahnemann had an aversion to the outward application of any *external remedy*, even if applicable *on his own law.*

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This notion will not stand the scrutiny of investigation. It was not in harmony with correct ideas of either Physiology or Pathology. The internal organs can be acted on through the skin, and avenues other than those of the stomach; and, although revulsion may be an indirect mode, yet, when the medicine is pathogenetic, the reflex action is attended with considerable advantage. In fact, there are cases which admit of this indirect mode of treatment only. Topical Revulsion, on the law of "Likes," although *indirect* and round-about, is as *perfectly scientific* as the *direct*; and when both are made to shed their remedial influences on the patient at the same time, the happiest results occur.

There are two forms of revulsion, homœopathic and allopathic. Both are indirect means of attaining one end—Health. Which is scientific? Let us institute a comparison between them.

We must bear in mind that the action of every drug, *however applied*, is disease-producing. It acts on some specific part, whether that part be in a healthy or in a diseased condition. A curative action can be set up only in that spot, between which and the drug-force there is a natural established affinity.

No power can alter this relationship. It is irrevocably fixed. To attempt to change a natural process, argues human folly. Since, then, there is a *general*, as well as a *particular* sympathy betwixt one part of the body and another, by virtue of the nervous strands which permeate, more or less, every organ, tissue, and structure, a reflex action between all parts, and especially amongst those more intimately correllated, must of necessity take place. We see this in diarrhœa, with teething; convulsions with worms; incessant cough with disease of the liver; vomiting with disease of the brain, &c. This kind of reflex action of the nervous system is admitted on all sides.

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THE TWO SCHOOLS OF MEDICINE.

Revulsion may be viewed in two aspects: one, where an irritation is set up in a healthy part, merely as a counter-irritant, without its being in curative rapport with the internal disease, whose symptoms it was thought to alleviate. This is PURE ALLOPATHIC REVULSION. The idea entertained is, that the external irritation set up, draws the morbid matter from the internal diseased organ to the point of irritation set up. This is a common error: nay, more, it is a MONSTROUS MISTAKE; and society is a woeful sufferer in consequence. No such action takes place. The process is one of transpositive influence—of reflex action. The topical application, to be curative, should be able to produce an external manifestation *similar, like, correspondent* to that going on *in the diseased organ*, as the condition, *excited outside*, is to be reflected on the diseased organ within. If a cure at a distance *from the seat of the disease* is to be brought about, the similarity between the outward and the inward can alone accomplish it. For example: if there be pustular ulceration in an internal organ, Tartar emetic, or Croton oil, may be rubbed over the parts where the lymphatic and veins are the most abundant (as the axillæ and the internal parts of the thigh), so that the external may be radiated, or propagated, or reflected, on the internal parts similarly affected. This mode may be adopted with reference to all *proven drugs* and *all known morbid states*. This is the only kind of revulsion worthy of the name of scientific; and there is no limit to the practice, but the pathogenesis of the drugs, and diseased bodily conditions. Keeping this principle in view, all the forms adopted by the old school are available in homœopathic-revulsive practice when it is thought advisable to use them. Topical homœopathic revulsive treatment is the radiation of a SIMILAR INFLUENCE FROM WITHOUT to that which is taking place WITHIN; and a

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cure, so far as a round-about or indirect mode can do it, will be the result. The *direct* homœopathic treatment on the very seat of the disease, plus the *indirect* topical homœopathic revulsive treatment on those parts of the body wherein absorption is greatest, is the PERFECTION OF MEDICAL TREATMENT.

The system of revulsion adopted by the allopathic school is exceedingly imperfect, unsatisfactory, and, of course, unscientific. The revulsion of this school sets up a disease in a healthy, and, in a distant part, UNLIKE—EXCEEDINGLY DIFFERENTIAL, even antipathic to the symptoms and morbid states of the internal disease. This external influence, being of a differential character, can PALLIATE but NEVER CURE. The whole wide range of allopathic revulsion is one huge system of palliation; a mere suspension for a limited period of morbid action, in short, a creator of new diseased conditions. Nothing but the application of a "SIMILAR" is curative, whether internally taken or externally applied. The farther from this point into the region of differences, or of opposition, the more palliative or suspensive, or disease-creating is the treatment.

The homœopathic revulsive treatment is an *indirect curative* — often useful — sometimes indispensable, but ALWAYS BENEFICIAL; while the allopathic revulsive treatment is *never curative*, seldom needful, scarcely useful, and only attended *with a* PALLIATIVE BENEFIT AT THE BEST.

The homœopaths are often taunted with the adoption of allopathic measures, if the slightest form of revulsive treatment is made use of. They are told that homœopathy is only of *partial application*, and is very well in *minor cases!!* We repudiate this idea in toto. We scorn the idea of having to run to allopathy for any kind of medical aid. It is false. There is no need. It would be absurd to do so. It would be leaning against a shadow for support when the substance itself was close at hand; a pre-

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ference for man and his bundle of errors, than for God and his armamentarium of truths divine, inflexible and unerring. We claim the WHOLE REVULSIVE ARMORY AS OUR OWN, as the homœopath alone can wield those weapons for the real benefit of his patient. Although revulsion is but a round-about mode of cure after all, yet it is the homœopath alone who knows how to ensure curative results. The revulsion of the old school is not WORTH ONE STRAW if its practitioners but keep to their doctrine of differentism and contraria. It is WE who can use revulsive measures *scientifically;* and to *us*, for curative purposes, *they alone belong.* Let us, then, have no more cant about being helped by ALLOPATHIC MEANS!!! The revulsive *forms* are *ours* as well as *theirs;* but it is WE ALONE who can throw into those *dead forms* the LIFE of CURATIVE POWER. So far is it from being true, that we can reap any advantage from adopting the *abominable revulsive methods of the old system*, it is a notorious fact that the gentlemen of class No. 2, are ever and anon gathering grapes from the homœopathic revulsive vines, and expressing the luscious juice in curative streams, for the benefit of their patients, who, good easy souls, little dream that it is to homœopathy all the comfort imparted is to be attributed, Yes! the flag of old revulsion hath *struck its colours;* and the men of No. 2 apply, whenever they have the knowledge, the law of "LIKES," in all their revulsive measures. Hence in a topical revulsive treatment also, the *fusion* of class No. 2 with that of No. 1 is already rapidly taking place. As to the antipathic-revulsive treatment of class No. 3, that will not be tolerated by the people, when they find a mode of revulsion practised by the gentlemen of No. 2 (to say nothing of those of No. 1) so much more curative, not to say pleasant. Hence it follows that the fusion of class No. 3 into that of No. 2, and finally into that of No. 1 is certain.

(*To be continued.*)

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DR. DUDGEON'S EXCUSES FOR HIS WANT OF ACCURACY & FIDELITY AS A COMPILER.

By D. Wilson.

"Qui s'excuse s'accuse."

Dr. Dudgeon has proved the truth of this saying more than once in his angry and wordy letters. In that published in the last number of the *Review*, however, his ingenuity would seem to have been unusually taxed, for he has actually tried to extract from my articles the salt with which to season his own. And defeated in scientific and medical controversy, he arms himself with an elementary grammar, and bids me do battle with him about a few parts of speech. I really cannot consent to pick up the gauntlet under such circumstances.

The leisure which Dr. Dudgeon envies me is far too precious to be wasted in idle and silly discussions about the modification of a vowel or the suppression of a consonant. Every careful reader who takes the trouble to examine the matter, will perceive that the mistakes in orthography alluded to by Dr. Dudgeon have occurred in copying, whether by the compositor or by me matters little; in either case they are utterly beneath notice, because they involve no misapplication of words or equivocation in meaning. Dr. Dudgeon has seized upon them, however, as a means of directing attention from the real questions at issue: but in such clumsy and unskilful hands the device becomes too transparent. One of our foremost men writes to me: "I congratulate you most heartily on "the entirely successful issue of your controversy with "the *British Journal of Homœopathy* [in other words, "Dr. D.]; you have driven them into a very sorry posi- "tion when they *in Dudgeon* are forced to a letter from "him which treats of everything but the question at "issue, and in chagrin hides his head under scurvy jokes

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" —like the *Times* taking refuge behind *Punch*." This criticism confirms my own estimate of Dr. Dudgeon's literary tactics, hence its citation here.

The special accuracy of my translations has been attested by that excellent periodical, the *American Homœopathic Review*,—and, I need not add, by the *British Journal* also. Dr. Dudgeon, as one of its Editors, knows full well that it bears testimony to my accuracy in the following language: " Mr. Wilson's criticism [of Hempel] is just " and valid, while in eleven examples [of 60 symptoms " examined out of 561] the alteration is so important as to " restore the essential characteristic of the symptoms [of " *sassaparilla*] which had been lost by *omission* and in- " correct rendering." I have endeavoured to render a similar service to Dr. Dudgeon, for which he is very angry with me, in his translation of *bovista* and *cantharides* as far as concerns the Disposition, Mind and Head, in his compilation of the *Pathogenetic Cyclopædia*. In these points I have restored to Dr. Dudgeon's translation of *cantharides* alone *omissions*, exceeding 76 per cent., full of characteristics. I make no pretension to literary merit; but challenge criticism on the correctness of the *subject matter* of my labours, and few who have taken the trouble to follow me, and who have realized the difficulty of *comparing* numerous symptoms from different sources will deny that some higher motive than mere carping at words must influence one in undertaking so laborious and ungrateful a task. Having briefly disposed of that portion of Dr. Dudgeon's letter irrelevant to medical science and to the matter specially under discussion, and merely personal to myself, I must ask the reader's indulgence while I glance at Dr. Dudgeon's logical reasoning in his attempt to bolster up his own accuracy and fidelity as a compiler and translator of the Materia Medica.

He contends that the utility of his compilation is in no

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wise affected by the fact of his want of veracity. It seems to me that where the truth is compromised loss of confidence must be involved, *ergo*, the utility nullified. I leave the public and the profession, however, to accept or reject this proposition. He excuses his want of accuracy and fidelity on the grounds of the *Pathogenetic Cyclopædia* having been published *fourteen* years ago! I would ask—Is there a period in life at which Truth may be lost sight of with impunity? At that epoch "our own Dudgeon" had surely arrived at the age of discretion, or does he maintain that he was still in his green youth, and therefore irresponsible for the faults and follies of that immature development? However this may be, no one knows better than he does that, whatever changes, psychological or physiological, may have taken place in ourselves during those fourteen years, the virtues of the medicines as recorded in the *Original Provings* have not in the least deteriorated. That which was true of them "fourteen years ago" remains *true* to the present hour: it is therefore reprehensible in the extreme to lead the practitioner, and the student of homœopathy, through translations of fabricated and imperfect symptoms, to employ remedies not at all adapted to the cure of disease. Health, if not life, may be endangered thereby, and our faith in the translator and compiler must be shaken.

I do most unequivocally denounce as injurious the condensation and falsification of drug provings; and I repeat, that the compiler who prefaces his work with an assurance that he has translated from the *Original Provings*, and therefore holds himself responsible for their accuracy, should keep faith with his readers, or, failing to do so, renounce all claim to their confidence. Dr. Dudgeon when found tripping, *admits* it is true that he has *compiled* from "abridgements of the medicines;" acknowledges that the sources from which he has translated are not

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original, but has the unblushing effrontery to declare that he has never denied having made his translations from other than the *Original Provings*, and had he the work to do over again that he would abridge still further! Let us hope, under these circumstances, that he would at the same time favour his readers with a *new* preface. I do consider it a very grievous offence against truth and the pure practice of homœopathy, to place in the hands of confiding practitioners works abounding in imperfect and falsified symptomatology.

No doubt it serves Dr. Dudgeon's purpose and convenience to ignore the fact that my labours have had for their object, chiefly, the supplying of symptoms that had been *entirely* or *partially omitted* in translations, besides the correction of other errors in compilations, by which the value of original symptoms had been compromised and rendered useless. In pursuing this running commentary on Dr. Dudgeon's letter, I beg to advise him that I have not laboured under any other delusion than that of imagining that I was discussing scientific questions with a *pseudo* colleague, who would at least have the common honesty and integrity to acknowledge his own errors, and sufficient courtesy to conduct the controversy in a gentlemanlike spirit. My adversary has shewn himself unequal to the task in both instances, I must therefore leave him to use his leisure as it seemeth best to his morbid craving after the ridiculous; and if my essays afford him, as he says they do, food for merriment, I can only hope he may be able to digest it. I cannot, however, pass over in silence his want of generosity when speaking of the leaders of our reformed school of medicine. It will be seen that he persists in writing *sneeringly* of Dr. Nenning, because it suits Dr. Dudgeon's purpose to sacrifice the truth. He ignores what Dr. Bath said of this prover in the *Allg. Hom. Zeit.*, 1839, and to which Dr. Carroll

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DR. DUDGEON'S EXCUSES.

Dunham has called attention in the October number (1863) of the *American Hom. Review.* I quote the language of Dr. Dunham: "'Ng.' did not decline to reveal "himself. On the contrary he published, says Dr. Bath, "over his own name, Cajetan Nenning, his method of "proving and of collecting symptoms from other provers, "in a statement which is so clear, straightforward and "manly, as to convince the reader at least of his entire "honesty and good faith.

"Hahnemann's note to *alumina* [which furnishes Dr. "Dudgeon the pretext for his oft-repeated malice] was "printed *before* this publication of Nenning. It is not "surprising that Hahnemann scrutinised with unusual "caution symptoms furnished by an, *at that time,* anony-"mous prover. When, however, he says, '*I was only* "'*able to extract what seemed useful from them,*' it would "appear only *fair* to infer that *after* this unusually sharp "scrutiny, Hahnemann had admitted as valid and trust-"worthy those symptoms by 'Ng.' which he proceeds to "include in his *Chronische Krankheiten.* We incline, "therefore, to accept those symptoms as coming *with the* "*indorsement of Hahnemann* in *addition* to the signature "of Nenning." Surely Dr. Dudgeon will accept this as sound logic, and henceforward cease to villify Nenning and to throw dust in the eyes of the students of the Materia Medica which he is endeavouring to damage.

I maintain that questions of so serious a nature as those with which we are now engaged should be examined through other media than those of passion, prejudice and self-interest; but Dr. Dudgeon, though assenting on the one hand to this proposition, on the other proves his incapacity for the position by the very fact of stringing together words made use of to describe his own intemperate language and trying to apply them to mine. If that irate letter of his in the December number of the

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Review made every one but myself laugh, I can only say their risible faculties must be very easily excited, and they must surely have mistaken a petty punster for a genial humorist. Before taking leave of Dr. Dudgeon, I must endeavour to disabuse his mind of a suspicion which would seem to have been lurking in it during the last *ten* years, and which he states is now confirmed, viz., that I was the Reviewer in the *Homœopathic Times* of his *Lectures** published in 1854. He could not pay me a greater compliment than to attribute that clever notice to my pen. On referring to the review, I find it disposed of Dr. Dudgeon almost entirely in the first paper. The subsequent notices, especially the last *four*—in all they only numbered six papers—were on "Specificism," translated principally from Rapou, and made no mention of Dr. Dudgeon whatever beyond retaining the title of his lectures as a heading: It being the Reviewer's intention to point out the sources whence Dr. Dudgeon had drawn his inspirations on *Specificism*, and moreover to expose his *plagiarism*. The Reviewer's labours, however, were shortened by the interposition of some benevolent friend, who besought him to modify his crushing castigation, and the Reviewer had compassion on the presumptuous author. What Dr. Dudgeon therefore means to imply or wishes the public to believe, I am at a loss to understand, when he says: "Week after week, for I forget how many "months, my *Lectures* were decried and abused with a

* The Reviewer detected that these *Lectures* were *plagiarised* almost entirely from Griesselich's masterly work entitled:—*Handbuch zur Kenntniss der homöopathischen oder Specifischen Heilkunst*, 1848. No wonder therefore that Dr. Hering should have said the publication was "the best acquisition of homœopathic literature during the whole "year," but as usual, Dr. Dudgeon *omits* to add that his "esteemed "friend Dr. Hering" further writes: "This is the candid opinion of "one who differs from the author in a great many points."

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" persistency that was almost sublime, and with a viru-
" lence hitherto unknown in homœopathic literature."

The first and really only review of Dr. Dudgeon's *Lectures* appeared on January 14th, 1854, when the Reviewer wrote: " As far as we have as yet been able " to judge, at least three-fourths of the book are the result " of the most unblushing plagiarism if those who " read German will compare (Dr. Griesselich's last work) " and the author's [Dr. Dudgeon] book, they will be " amused by the most striking family likeness." It would seem that the Reviewer, a profound scholar and a German, had his doubts whether Dr. Dudgeon had compared Griesselich's *résumés* with the originals. Reviewer writes: " May we take the liberty of asking the author [Dr. " Dudgeon] in how many instances he has actually com-
" pared Dr. Griesselich's *résumés* with the originals?
" Further, whether he has not incorporated the whole of " Griesselich's book into his, either ' word for word,' or " slightly paraphrased, or merely putting one sentence " before another in some places, another sentence behind " another in some others, and other small ways, *without* " *acknowledging that he gives to the world Griesselich's* " *writing and not his own, and that the references and* " *quotations from numberless books are the result of* " *Griesselich's learning and gigantic industry, and not* " *his, Dr. Dudgeon's?* Nay, so far goes the author's " heedless confidence in our ignorance of foreign lite-
" rature, that he even copies incorrect quotations, *con-*
" *tracts two authors' opinions into one when convenient,*
" mistakes the meaning of the original, and thereby " conveys thoroughly wrong impressions (he, for instance, " translates Griesselich's ' Alte medicin' as the medicine " ' of the ancients' instead of allopathy simply), or leaves " out one half of a sentence when it does not suit his " purpose; sometimes the author changes Griesselich's

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"quotations from the *Materia Medica* or *Hufeland's* "*Journal* to the *Lesser Writings* where the articles re- "ferred to have been reprinted (Griesselich, page 74; "Dr. Dudgeon, p. 176). However, one gets out of "breath with enumerating the author's most unwarrant- "able plagiarism." The Reviewer then goes on to reprove Dr. Dudgeon for the unmeasured language of abuse, in which his book abounds, against such men as Stapf, Gross, Bönninghausen, Hering, and others. Nor does the Reviewer fail to reprove Dr. Dudgeon when he ventures to speak contemptuously of the high potencies thus: "They may be safely abandoned to such *dilletante* prac- "titioners as Bönninghausen, and such enthusiastic *gobe-* "*mouches* as Gross ["our old friend"] and Company." The Reviewer adds: "There is another characteristic "about the book [of Dr. Dudgeon], namely, a prurient "desire on every occasion to disparage Hahnemann."

Such is a specimen of the review with which Dr. Dudgeon sees fit to charge me. I beg publicly to disclaim the authorship, but without shrinking in the smallest degree from the responsibilities incurred by my connexion with that independent and excellent periodical — *The Homœopathic Times.*

The next (second) review, occupying only a few lines in reference to Dr. Dudgeon, was published on January 28th, 1854. The remainder of that (second) paper and the succeeding four articles,—the last of which appeared on February 25th, 1854,—were entitled "The History of Specificism, by A. Rapou." Here is the full history of that "angry criticism,"—extending over only six weeks instead of *many months*,—which would seem to have clouded Dr. Dudgeon's intuitive powers, since he attributes it to *me*, qualified by a whole vocabulary of adjectives, which appear to proceed from a less mirthful mood than that which he declares to be induced by my writings.

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DR. DUDGEON'S EXCUSES.

Having come to the end of Dr. Dudgeon's long letter, I must frankly confess that I fail to discover in its sixteen paragraphs any thing calculated to modify the opinions which I ventured to express in a former paper on the merits of his *writings:* As a translator and compiler of homœopathic literature, he must give some better proof of accuracy and fidelity than he has hitherto furnished, ere he can hope to merit the confidence of a discerning public or escape the critical observation of those whose labours have a nobler aim than mere book-making or "writing down" bookmakers, and whose time and energies are more usefully employed than in quibbling about vowels and consonants. Nevertheless, I hold myself responsible for any errors which may occur in my MSS., as I have not any "German friend" to do my translations, and therefore cannot avail myself of the apology which Dr. Dudgeon suggests for my blunders. "Astounding," however, as he would make them appear, had I time or patience to notice them in detail, I could point out, on every page where Dr. Dudgeon discovers a clerical error, from *four* to *nine* illustrations of my own accuracy to one of inaccuracy in the very words he singles out—sufficient to prove that I know the singular from the plural. But as I said before, these errors would seem beneath the notice of any one less destitute than Dr. Dudgeon of subject matter upon which to write.

In conclusion, I beg to observe that statements based upon knowledge and experience become proofs not easily set aside by intemperate language and equivocation, which I have been long endeavouring to convince Dr. Dudgeon are but sorry substitutes for sound argument. Until my accusations have been disproved, I hold them to be legitimate matter for reiteration. As for bad grammar, the less Dr. Dudgeon says about that the better.

Finally, in the matter of "give and take," I have yet

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to learn the *rule* which sanctions the perversion of a joke and its misapplication, with a view to turning the reader's attention from the point at issue. This practice is common to Dr. Dudgeon, but scarcely recognised in the amenities of literature. I repeat, the functions of a physician have been, whether in theory or in practice, held generally too sacred and of too dignified a character to be wantonly prostituted to untimely jesting. In the language of a great moralist I would ask: "Who is so wicked as to find "subject for humour in the weakness of a perishing "dissolving body?" In the same spirit I reprove "the "light fool who comes with the feather of wit to crumble "the bulwarks of Truth."

EVIDENCE IN FAVOR OF INFINITESIMAL DOSES OF SPECIFIC REMEDIES.

We extract the following from the *Medical Times and Gazette*, March 19th: "The vacancy in the section of Therapeutics and Medical Natural History at the Academie de Médicine having to be filled up, this time, by a member representing the therapeutical division, two of the candidates have just read papers before the Academy in support of their claims. That of M. Boinet bore the title: "The means of administering Iodine in a completely soluble state, and entirely deprived of its irritating properties." As perhaps no practitioner has employed iodine, in its various forms, more abundantly than M. Boinet, what he has to say on the subject must have great weight. The accidents which were met with when iodine was first introduced, he observes, were due to portions of this substance remaining undissolved, and acting as foreign bodies. Some of these, at once, disappeared when the iodine had been rendered soluble by the agency of potassium. But others arose which were wrongfully

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attributed to the iodine, such as tumefaction of the mucous membrane, salivation, lachrymation, gastralgia, &c. These M. Boinet is convinced, really arise from the Potassium with which the iodine is combined, for results of an analogous character are observed during the use of other salts having potassium as a base, as chlorate aad nitrate of potass. Now, the solubility of the iodine may be still preserved, while the inconvenient effects alluded to may be obviated by substituting *tannic acid* for the potassium. The tincture of iodine of the French codex is not a completely soluble preparation, but may be rendered so by the addition of some tannic acid. But M. Boinet thinks, further, that advantage might be derived from recurring in some sort to the practice of our forefathers of employing iodine in a state of more natural combination, as in the form of burnt sponge, marine plants, natural mineral waters, &c.—the greater molecular division facilitating the absorption of the constituent principles. It is only since chemistry has shown us that these various substances contained iodine that we have become aware to what agent they owed their curative properties—properties no less real than those belonging to our modern pharmaceutical preparations. The investigatious of Chatin and others have shown that iodine is abundantly distributed throughout organic and inorganic matter, and that there are less goitre and scrofula in those countries where it is most prevalent. For all these reasons, M. Boinet thinks it desirable to resort to these more natural preparations, they being as efficacious and less injurious than those now in use. To this end, he has devised a *natural iodine wine* which, while it produces no ill effects upon the digestive organs, is of easy absorption and assimilation. It is prepared by placing in a wooden vessel alternate layers of raisins and of marine plants reduced to powder, until the vessel is filled, and then allowing the

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whole to ferment during a fortnight, and treating it as ordinary wine. A useful combination of iodine is thus produced by which the affections to which this substance is applicable may be advantageously treated."

The administration of the natural iodine waters produces none of the inconveniences against which M. Boinet would guard us. It is the magnitude of the dose which is the cause of the unfavorable symptoms following the use of iodine, to which he refers; and it is to the infinitesimal quantities of minutely divided, and therefore, highly soluble iodine, that the natural preparations, to which he purposes to return, owe their superior virtues.

PHYSIOLOGICAL TESTS, AND THE RISK OF FALLACY.

The British Medical Journal, March 12th, announces that "The evidence against Dr. Couty de la Pommerais, accused of having poisoned more than one woman, in order to obtain from an insurance company large sums for which their lives were insured, is complete, and the trial may take place next month. The magistrate having carefully examined the bedchamber in which the last of the doctor's alleged victims expired, remarked several stains on the floor near the bed. Having been informed that these stains were produced by natural causes, he had the floor scraped. The scrapings having been collected, a pigeon which ate a portion died very quickly. Experiments were likewise made upon frogs. The heart of a frog was exposed to view, and, the operation having been carefully performed, the frog lived for a long time without the appearance of any disturbance of the vital functions. A second frog was operated on in a similar manner, and a drop of digitaline was let fall on its heart, that substance having been found in the stomach of the last person supposed to have been poisoned. The movement of the frog's

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heart diminished gradually, its pulsation became slower, and it soon died. A very small portion of the scrapings on the floor were placed on the heart of a third frog, and the result was the same. Death ensued almost immediately. The two last frogs died while the first was living, nor did there appear to be any derangement in the pulsation of its heart. It is said that these experiments are to be repeated in presence of the jury summoned to try this mysterious affair."

Apropos of these experiments, the following letter appears in the *Lancet*, March 19th :—

"Sir,—Will you permit me to inform you that the report upon which the article 'Frog the Avenger' (in your last impression) was founded, has been contradicted. The experiments which were performed in the presence of the Juge d'Instruction are not to be repeated before the jury. The report states further that no such experiments have been made before a jury for more than fifteen years.

"I take my information from the *Moniteur Belge* of the 9th inst., p. 1203, which I think quotes from the *Pays*.

"Your obedient servant,

"March 1864. "R. B. P."

Dr. Couty de la Pommerais is stated by some of the medical journals to be a homœopathic practitioner—in fact, great stress is laid upon this point. He may or may not be so; we cannot solve that question; nor can we decide upon his guilt or innocence: but we do trust that no fellow-creature's life may ever depend upon a course of physiological experimentation such as that which we quote from the *British Journal*.

If digitaline has been found in the stomach of the deceased—we mean by chemical research—a case of poisoning by some one would be clearly made out; but to

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suppose that, because the dejections of a sick or dying person are poisonous to small animals, therefore they contain poisonous matter administered or taken, is dangerously inconclusive.

For example, it is well known that the dejections of a person labouring under typhus are capable of poisoning small animals, even when those dejections are very largely diluted. In fact, whenever disease may be traced to the presence of an animal poison this result is likely to occur. Dr. Watson (*Principles and Practice of Physic*, vol. ii. p. 534) remarks: "On a former occasion I spoke of the *cadaveric* poison which is evolved during a particular stage only of the decomposition of dead animal tissues. Now it is held by some eminent pathologists that the characteristic rice-water discharges in cholera become poisonous after the same rule. At first, for a day or so, they are innocuous. Then as decomposition proceeds, they become morbific; capable of exciting the specific disease of which they were the product. After a few days more, when decomposition has reached a further stage, the contagious property ceases. Experiments are appealed to in support of this theory. Pieces of filtering paper, soaked in the rice-water fluids and afterwards dried, have been given, remoistened with their food, to white mice. Papers steeped in the very recent, and papers steeped in the older discharges, proved alike harmless. But of thirty-four mice that ate papers impregnated with discharges of an intermediate date, thirty were disordered, and twelve died; and the symptoms, and the appearances noticed after death, are said to have been similar to those that are proper to cholera, as it is seen in the human subject."

The physiological test is, without doubt, the most delicate within the reach of the medical philosopher; but how dangerous may it become, in the hands of a dishonest or bungling operator! We rejoice that the French jury is

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not to determine the innocence or guilt of the accused, by the receptivity of a poor frog to the poisonous dejections of a deceased person, who herself may have died from *cadaveric* poison generated, or, at least, multiplied, within her own system.

In reference to the remarks of Dr. Watson, as to the innocuous character of very recent or of older discharges from cholera patients, it is well to observe, that if the poison be of the nature of a ferment, this is easily explained. The fermenting power of any *liquid* will eventually cease, in obedience to the laws of chemical action: therefore old rice-water discharges would become changed chemically, and the rice-paper would not become poisonous. This may be illustrated by the behaviour of common yeast. In its *liquid* state it eventually becomes spoilt and useless; but if dried, by being painted on wood, in layers, it will retain its fermenting power for a great length of time. Hence the dried dejections, scraped from the floor by the French magistrate, although too old, had they remained liquid, to retain the animal ferment, held the fermenting power, in their dry state, like the dried yeast of which we have spoken.

REVIEW.

Confessions of the Faculty: with Comments. By a Medical Practitioner. London: G. Clayton, 315 Regent Street. pp. 48.

More moderate in his tone than the author of the celebrated "Fallacies of the Faculty," and equally happy in the detection of the errors and absurdities of fashionable physic, "A Medical Practitioner," in the pamphlet before us, has done good service to the cause of truth. "The time," he remarks, "is certainly come, when those who

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still submit to be treated by the old school, should be made acquainted with that which their allopathic medical attendants do really think of the worth of their medical treatment. The following extracts, therefore, from some of the most recent speeches and writings of the leading Allopathic practitioners, and Medical Journals, are now republished in order that the public may no longer be kept in ignorance."

A Medical Practitioner has shewn great judgment in the selection of the "Confessions;"— and any thing more damaging to the cause of Old Physic can scarcely be imagined.

OBITUARY.

BARON DE BOENNINGHAUSEN.

The venerable and learned homœopathic physician, Baron de Boenninghausen, of Munster, struck by apoplexy, has been removed from the scene of his earthly labours, at the mature age of eighty-one years. His reputation as an author and as an expounder of the homœopathic law, is not merely European, but world-wide.

DR. CARLYON, OF TRURO.

"This gentleman, who died on the 5th inst., at the advanced age of eighty-seven, was born at Truro in 1777, and was a fellow-pupil at the Grammar School there with Sir Humphry Davy. He took high honours at Cambridge, and came out Wrangler in 1798, when he graduated a M.D., and became a fellow of Pembroke College. He practised for many years in his native town, where his medical skill and literary merits secured him a large circle of friends. In addition to his professional labours, he took a lively interest in the municipal affairs of the town, and for five years filled the position of chief magistrate.

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OBITUARY.

He retired from public life in 1847, when he devoted himself to literary pursuits and the exercise of benevolence and charity, which rendered him beloved by his fellow-townsmen. He was buried at Kenwyn on the 10th inst., the funeral *cortège* being attended by a large body of country gentry and professional friends."—*Lancet*, March 19.

The readers of the *Homœopathic Review* remember the name of the venerable Dr. Carlyon. He was one of our valued contributors.

Unlike thousands, his inferiors in learning and experience who either refuse altogether to examine homœopathy, or do so trammelled by that which Herschel calls the "*prejudice of opinion*," Dr. Carlyon brought to the investigation of the law of similars a candid mind, trained by mathematical and scientific study, and imbued with no ordinary amount of scholarship. The result of his investigation was a cordial recognition of *similia similibus*, as a law of nature, and a full assent to the scientific status of infinitesimal remedies, when applied in accordance with the homœopathic dogma.

The last time this brave old man addressed us, was immediately after the publication of the celebrated letter of the late Sir Benjamin Brodie: and we cannot avoid giving one or two extracts from that communication:—

"I am glad to find," he writes,* "that you maintain the same unruffled tenour in conducting your *Review* with which it commenced, thus illustrating the truth of the old adage, that it is only the galled jade that winces. You merely complain, with good temper and great justice, of the coarse attacks of prejudiced and ignorant opponents.

"Sir Benjamin Brodie appears to entertain pretty much the same notions respecting homœopathy that I did fifty or sixty years ago. I thought its pretensions too preposterous to require serious consideration. Sir Benjamin, it is evident, knows, at the present time, just as much about Hahnemann's merits as I did then. Incredulity is more nearly allied to ignorance than is

* *Hom. Rev.*, vol. v. p. 578.

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commonly supposed. It is 'the fool who hath said in his heart there is no God.' But the folly spoken of in Scripture is not the same thing as ignorance, which is often a great departure from moral rectitude. It is especially so when a professional man of high standing uses the authority of his position to cry down what he knows nothing about. Thousands of cures performed by means of homœopathic doses of medicine have been well authenticated; and are not facts as stubborn monitors here as in other cases? Hospital statistics, both at home and abroad, afford undeniable evidence of the superior efficacy of Hahnemann's treatment, not only in many malignant diseases and pestilential epidemics, but in a vast variety of maladies, both external and internal, to which flesh is heir. It may be thought trifling with your valuable pages to particularize such vulgar diseases as scabies and tinea capitis, but it happens, by alluding to the former, that I am able to illustrate a guiding principle in homœopathy—that, namely, of distinguishing between the effects of the disease and of the medicine."

" I should not act honestly if I were to suppress my real opinion respecting homœopathy. Perhaps I might have blundered on with Sir Benjamin Brodie and others if I had not accidentally become acquainted with sensible and experienced homœopaths. I could not be mistaken as to the good they did; and I was thereby led to reading your monthly *Review*, where there was much to interest me, and to cause regret for my past shortcomings, through ignorance of the writings of Hahnemann. What I now wish, being no longer a partisan, is to endeavour to allay party strife and to promote the advancement of the healing art; and this can never be effected if, instead of listening to what others have to say, we abuse what we know nothing about. The want of candour on the part of the opponents of Hahnemann cannot be too severely deprecated, since it deprives unfortunate invalids, *pronounced by incompetent judges to be incurable*, of the hope of relief which homœopathy is justified in holding out, by the exhibition *of numberless cures, so well authenticated*, that no unprejudiced person would hesitate to set them down to her credit."

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OBITUARY.

Dr. Carlyon did not practise as a homœopathist: to the last he remained nominally an allopath; but in the leisure of his retirement from active duties, he examined the rival system of healing, and bravely avowed his conviction of its truth and value.

DR. JOHN A. TARBELL.

Dr. John A. Tarbell, one of our well-known American colleagues, has recently paid the debt of nature.

Dr. John A. Tarbell was born in Boston, March 31st, 1810, graduated at Cambridge in 1832, and soon commenced the study of medicine with his uncle, Dr. Samuel Adams, of Boston. In 1833 he went to Paris, where he spent nearly two years studying to perfect himself in his chosen profession. At the expiration of this time he returned to Boston, and continuing his studies, received his medical diploma from Bowdoin College in 1836. He immediately commenced practice, but soon became dissatisfied, "feeling," as he said, "that he could not bear the heavy responsibility resting on the physician, while the means of cure were so small and uncertain," and with that high sense of honour, which was so marked a trait of his character, was about to abandon medicine as a profession, when accidentally his attention was drawn to the subject of homœopathy. Having carefully and conscientiously examined it, and becoming firmly convinced of the truth of its great principles, he, in 1843, commenced openly to practise in accordance with the law of "*similia similibus curantur.*"

In 1849 he published the *Pocket Homœopathist*, which passed through two editions. In 1850 he wrote *Sources of Health*, a work eminently practical in its suggestions. In 1852 and '53 he was associate editor of the *Quarterly Homœopathic Review;* in 1853 he edited *Epps' Domestic Homœopathist*, adding several valuable papers; and about ten years ago wrote *Homœopathy Simplified*, which work has passed through six editions,—a sufficient proof of its intrinsic value. Besides these, he has written many articles which have been published in the homœopathic journals.

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NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

As a writer, Dr. Tarbell was very clear and concise, his productions giving evidence of a fair and candid examination of the subject, and a desire to do equal justice to all.

Exceedingly modest and retiring in his manners, he enjoyed more the seclusion of his study and the companionship of his books, than the noise and bustle of the outer world. Quiet and unassuming, meeting with his colleagues but rarely, yet he was beloved by them all, and his memory will long be cherished by those who knew him best.

Dr. Tarbell's death was the result of cardiomalacia or softening of the muscular fibres of the heart and circulating system, and which terminated in the rupture of an artery.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The next Meeting of this Association will be held at the Angel Hotel, Doncaster, on Friday, the 13th proximo. A paper will be read by Dr. Evans, of Bradford. Gentlemen desirous of joining the Association at the ensuing Meeting, are requested to communicate with the Honorary Secretary, Mr. Alfred C. Pope, 9, Bootham, York, as early as possible.

DISPENSARY REPORT.

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION, Bagnall Street, Hanley.

Physician—George Moore, M.D.
Chemists—J. B. Rowley & Co. *Hon. Sec.*—E. Pamphilon, Esq.

Report for Month ending January 1864.

Old patients attending	727
New ditto admitted	107
Total	834

Report for Month ending February 1864.

Old patients attending	696
New ditto admitted	72
Total	768

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THE MONTHLY

HOMŒOPATHIC REVIEW.

PARACELSUS REDIVIVUS.

When Paracelsus was buried in the churchyard of St. Sebastian, in the town of Salzburg, his enemies were fain to believe that his fame had died with him, and many of them may have felt relieved by the removal of one who, though possessed of great faults, had had the courage and genius to shake the throne of Galen, who had up to that time reigned with absolute sway over the minds of the professors of the healing art. Like other revolutionary actors on the stage of this world, Paracelsus was believed to have possessed the power of destruction, without the faculty of raising a new edifice in the place of that which he had demolished. His disciples became dispersed; they diminished in number, and gradually dwindled into zero; his system, always clouded by the mystical language in which it was presented to the medical world, fell into almost perfect obscurity; his writings were read by historians alone, and his very name became a byword, and the nickname of noisy quacks of every description. But now and then we witness, even in the present dispensation, a kind of resurrection, not of the body, but of a part of a man's mind. A man dies, his writings are neglected by those who come after him, his ideas bear no fruit, and his very name may be effaced from or become disfigured in

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the memory of mankind; until a long time, perhaps some centuries, after him a man is born who, by some accident, touches the works of one gone long ago into a better world, is startled by their originality, dives into them, and feels called upon to present them or their substance to *his* generation in a modern and attractive form. Through such a process Paracelsus has been conjured up before us, his reputation has been vindicated from the slanders and calumnies cast upon it, and his therapeutic opinions have been collected from the writings, through which they are scattered, and have been jointed into one coherent system. It was Dr. Rademacher, a German physician, who, thus presenting Paracelsus to the present generation, added one more system of therapeutics to those already existing.

Rademacher tells us, with great candour, how he became the apologist of Paracelsus. He happened to treat with marvellous success a number of cases with a remedy which he could not find in any pharmacopœia; but, by some unexplained association of ideas, he arrived at the supposition that the wonderful remedy might have been one of those which were in use amongst the physicians of the old iatrochemical sect, *i.e.*, of the school of which Paracelsus is the chief representative. His curiosity prompted him to go to the fountain-head and ransack the writings of Paracelsus, and lo, he soon found his supposition confirmed. Thus gratified, he felt the desire of thoroughly studying that author, and, dissatisfied with all other therapeutic methods, he became first a student, then a disciple, and at last an advocate of Paracelsus. During twenty-five years he practised his master's system at the bed-side, and during the same time he laboured to embody his master's views in a form which might be agreeable to the taste of his contemporaries; but not until he had reached the ripe age of sixty-nine, did he

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lay before the world his labour of love, in a work of two large volumes, under the following title :—

Rechfertigung der von den Gelehrten misskannten, verstandesrechten Erfahrungsheillehre der alten scheidekuenotigen Geheimaerzte, and treue Mittheilungdes Ergebnisses einer 25 jaehrigen Erprobung dieser Lehre am Krankenbette, von Johann Gottfried Rademacher. Berlin, Druck und Verlag von G. Reimer.

The translation of this long title would run thus :—

Justification of the rational doctrine of healing founded on experience by the old iatrochemical physicians (who kept their remedies secret) and ill understood by the learned; and faithful publication of the result of the trial of this doctrine at the bedside during 25 years, by Joh. Gottfried Rademacher, &c.

The introduction of this work contains a vindication of the private character and mental cultivation of Paracelsus. Rademacher defends his master against the accusations which have been raised against him by his contemporaries and by posterity, with the keenness and eloquence of an advocate who believes in the justice of his cause. It is asserted by his adversaries that Paracelsus was of mean birth and ill educated ; that he was ignorant of the Latin language, which in his age was the language of the learned ; that he was an impudent boaster, addicted to the false sciences of astrology and alchymy, a contemner of the Christian religion ; that he had concluded a compact with the devil, was given to intemperance, and—what seems to deserve compassion rather than any strictures—that he was incapable of generative energy, a sow having bitten off the organs necessary thereto, in his infancy. Rademacher contends that all these assertions—

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from Paracelsus' parentage down to the mythical sow—are false and groundless. Paracelsus' parentage was respectable, his education a fitting preparation for his future profession; he was conversant with Latin; his boasting was an ironical exaggeration of the rodomontades of his opponents; his astrology and alchymy, although not quite free from some superstitious notions, then prevalent, were, in fact, meteorology and chemistry; he had formed no alliance with the devil; he respected Christianity; was no drunkard, although probably no teetotaler; and there is no evidence whatever for the existence of the sow which was supposed to have so skilfully operated upon his generative system, nor for his having been deprived of the pride of manhood in any other way.

After this very entertaining historical sketch, Rademacher proceeds to analyse the therapeutic doctrine of Paracelsus, as he (Rademacher) understands it, and as he practised it in the treatment of his patients for twenty-five years. The whole doctrine hinges on the principle that, our insight into the nature of diseases being too imperfect to guide us in their treatment, *the relation of the disease to the remedy which cures it is the only fact (of all those indicating the nature of the disease) which we can positively ascertain in the investigation of any disease; this relation is therefore the only safe basis on which we can build up a therapeutic system.*

Symptoms are deceptive; they may, in some cases, help us to arrive at a correct knowledge of the disease, but they are generally little to be depended upon, and are in many cases not only useless, but even mischievous, as they may mislead us into grave errors. The organ which is primarily diseased may perform its functions as usual, without manifesting the least disturbance, while those organs which are merely consensually affected may be impeded and altered in their activity; or, one or more

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organs may present distinct symptoms of morbid affection, while the real disease may be constitutional—an affection of the whole organism. Thus Rademacher speaks of cases in which the liver was apparently diseased—enlargement of this organ, and jaundice, being perceptible to the touch and eye—and yet the seat of the disease was in the right kidney, the function of which was perfectly normal and uninterrupted.

If symptoms are deceptive, pathological and chemical researches are of still less value in the direct treatment of diseases. Our knowledge of the internal processes of the human body, in health and disease, is too deficient and too fallacious to be depended upon in our efforts to heal "the ills our flesh is heir to." Pathological theories are too changeable to form a stable foundation for a therapeutic doctrine, and have but too often proved a rope of sand to those who leaned upon them in their therapeutic labours.

The only fact which we can learn with certainty in the observation of a case of illness is *the relation of the disease to the remedy which cures it.* Every physician can easily distinguish whether a patient has been cured by the efforts of nature or by those of the physician; and only when *he has cured* a disease, he knows something about it, namely, *its relation to the medicine by which it has been cured.*

Every disease has its corresponding remedy in nature, although we are not always acquainted with it; and the corresponding remedy is the external type in nature of the internal disease in the human body. Hence the nosological classification of diseases is to be abandoned; pneumonia, fever, dysentery, &c., are shadowy names, which do not express the real nature of diseases, and in their stead new terms are to be adopted, which do express the ascertained relation of the disease to its remedy. Thus

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PARACELSUS REDIVIVUS.

Paracelsus and Rademacher speak of "morbus terebenthinus, helleborinus," of a "chelidonium, digitalis disease," &c. The conventional classification of remedies is also abandoned. "Stimulantia, roborantia, tonics, antiphlogistica," and similar categories, originated in hollow pathological views, and form an imaginary division which has no existence in nature. Rademacher's classification is very simple; he divides all remedies into two classes: organ-remedies (*organheilmittel*) and universal-remedies (*universalheilmittel*). Every *organ-remedy* has a specific effect upon some diseased organ; for instance, chelidonium, nux vomica, quassia, are specific remedies for the liver, but each of these remedies exercises its curative power upon the liver under certain circumstances which would be unfavourable to the application of any other liver-remedy. *Universal-remedies* are those which are efficacious against morbid conditions of the whole organism, or in other words, against constitutional diseases.

Now it seems to be rather late to recognise a disease *after* it has been cured; and we naturally ask, how are we to know that we have to deal with a nux vomica, digitalis, or ferrum disease? Where is the torch which is to lighten our path through the dark labyrinth of diseases? To this legitimate question, Rademacher vouchsafes us no satisfactory reply. He distinctly says, in the *theoretical exposition* of his system, that he can lay down no rules for our guidance; that the few hints he could give would be of little practical use, and that he must leave it to his disciples to find their way as well as they can. He advises us to do as analytical chemists do, when they wish to detect a chemical body,—they use *a series of reagentia;* and we must do the same. He recommends us to try one remedy after another, until we have hit the right one. This recommendation would constitute the poorest and clumsiest of all empiric therapeutics, if Rade-

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macher had not another doctrine in reserve—a doctrine which plays a most important part in his system. The "*constitutio epidemica*" of Sydenham is the *deus ex machinâ* whom he calls to his assistance.

Sydenham was the first who called attention to the fact that not only certain diseases are prevalent at different times, but that the same diseases assume a different character at different times. This fact, well known but little heeded by medical men in all parts of the globe, swells in Rademacher's hands to a theory of vast extent. He distinguishes, like Sydenham, the "*morbi stationarii*" and "*morbi intercurrentes.*" The "morbus stationarius" reigns almost absolute for a certain period; it may make its appearance under the most various forms—under the form of a local inflammation, of remittent fever, of neuralgia, &c.; but all these nosological forms are merely various manifestations of one disease. Sometimes a "morbus intercurrens" may intervene; but these "morbi intercurrentes" are not frequent enough to disturb the reign of the "morbi stationarii" to a very inconvenient degree, although they may occasionally cause some difficulty to the practitioner. A "morbus stationarius" may reign for a period varying from six months to several years; and the advantage which Rademacher derives from this theory is very considerable. When, after much anxious experimenting with remedies, he at last hits upon the right one, he becomes at once aware of the reigning "morbus stationarius," and he can now go on most comfortably for a shorter or longer period, treating all diseases, or, according to his view, all the various forms of the same disease (the "morbi intercurrentes" always excepted) with the same medicine, until decreasing success in the treatment of his patients indicates that the "morbus stationarius" has changed; he is then again at a nonplus for some time, until he again meets with the right remedy

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which is to make his task easy and his path smooth for the shorter or longer duration of the "morbus stationarius." Rademacher is fully alive to the impression which this alternation of success and failure must make upon the mind of the physician. "When," he says, "you have found the right remedy, you are again master of the disease, and a genuine healing artist for half a year or a whole year. But as long as you have to seek the remedy, you are a poor, miserable creature."

This, then, is the system which Rademacher has extracted from the writings of Paracelsus, and which he expounds in the *theoretical part* of his work. We do not intend to criticise it. Its defects are obvious—so obvious, that Rademacher himself supplies one great desideratum by the *practical part* of his work. When he expatiates upon the curative power of every single remedy, he gives us a description of the cases in which the remedies he administered were either useless or useful; and in the description of these cases, the *symptoms*, of which he spoke so slightingly in the theoretical exposition, occupy by no means a subordinate place. He even tells us that he was frequently led to the detection of the "morbus stationarius" by one or more prominent symptoms, and admits that his followers may, by developing his system, be able to find a safer guidance in the observation of symptoms than he himself could. But he always exhorts those who may intend to practise his system, to be guided solely *by their own observation*, and warns them *not to make the art of healing dependent on nosological forms or pathological theories.* And this seems to us to be the most valuable part of his doctrine.

Homœopaths have by their opponents been reproached with neglecting pathology, and from their own school voices have been heard to teach the necessity of considering the pathology of a case in the selection of reme-

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dies. Those reproaches are unjust, and these teachings are, at the best, superfluous, but may become michievous.

When a homœopathic physician is called to a patient, he carefully collects all the symptoms which he can perceive by the medium of his physical senses; he has then to exercise his judgment and tact in arranging the symptoms, distinguishing those which are more prominent and characteristic from those which are less so, and bringing them all into symmetrical order, so as to produce a true image of the disease in its outlines and dimensions; and through this proceeding, which may require more or less time, according to the experience and natural quickness of the observer, he has to go every time he sees his patient. It would be strange, indeed, if a physician, who has thus to exercise his mental powers, did not feel the curiosity to inquire into the changes of anatomical structure or chemical composition, of which the symptoms are the, however imperfect, expression; but should there be a practitioner dull enough to despise all inquiries from which he cannot derive any immediate practical advantage, he would soon be made to see the necessity of forming an accurate *diagnosis*. His patients, or their friends, will ask for it; and in his communications, oral or by writing, with his colleagues, he will be compelled to give the diagnosis its due share in the history of a case. When two homœopaths meet in consultation, the first thing is to settle the diagnosis, and then they enter upon the details of the treatment. It is, therefore, palpably unjust to accuse the homœopaths of neglect of diagnosis.

It is, on the other hand, a mere truism to tell us that the cause, which may be said to form a part of the pathological process, is a most important item in the treatment of diseases. Who has ever denied it? When the cause is clear, and can be removed, it is of course the first object of every physician to remove it. Hahnemann is not silent

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on this point. "Useful to the physician," he says, "in assisting him to cure are the particulars of the most probable *exciting cause* of the acute disease, as also the most significant points in the whole history of the chronic disease, to enable him to discover its *fundamental cause.*" (*Organon of Medicine,* p. 111, translated by R. E. Dudgeon.) And "it is not necessary to say that every intelligent physician would at once remove this (*causa occasionalis*) where it exists; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong-smelling flowers, which have a tendency to cause syncope and hysterical sufferings, extract from the cornea the foreign body that excites inflammation of the eye endeavour to promote the expulsion by vomiting of belladonna berries and the like, that may have been swallowed." (*Organon,* p. 113, note 1.) In these cases the cause can be clearly recognised, without recourse being had to any hypothesis. But we are cautioned against basing our plan of treatment upon *hypothetical* causes; in order to understand the theory and become versed in the practice of homœopathy, we must divest our minds of the traditional notions of the causes of diseases. "The presumed character of the affection they (the practitioners of the old school) regarded as the cause of the disease, and hence they directed their pretended causal treatment against spasm, inflammation (plethora), fever, general and partial debility, mucus, putridity, obstructions, &c., which they thought to remove by means of their antispasmodic, antiphlogistic, tonic, stimulant, antiseptic, dissolvent, resolvent, derivative, evacuant, antagonistic remedies (of which they only possessed a superficial knowledge). But from indications of such a vague character really serviceable medicines could not be discovered, most assuredly not in the materia medica of the old school. With equal rashness they attacked those still more

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hypothetical so-called indications—deficiency or excess of oxygen, nitrogen, carbon or hydrogen in the fluids, exaltation or diminution of the irritability, sensibility and reproduction, derangements of the arterial, venous and capillary systems, asthenia, &c, without knowing a single remedy for effecting objects so visionary. All this was pure ostentation. It was a mode of treatment that did no good to the patients." (*Organon*, pp. 49, 50.)

When we cannot remove the cause, we have to direct our efforts against the pathological process itself. And here we are cautioned against the errors into which our confidence in the diagnosis may lead us. The diagnosis—that is, the recognition of the nosological form—cannot possibly be the foundation of homœopathic treatment. We can imagine that in some cases a homœopathic physician may not think it necessary to have recourse to the homœopathic law at all. He may remove the cause, or, by regulating the regimen of the patient, allow the disease to be cured by nature alone. But whenever he applies the law "*similia similibus curentur*" in the direct treatment of diseases, nosological forms cannot influence him. His task is not to treat pneumonia, peritonitis, typhus, gastric or nervous fever, but to treat every case according to its own individual character. "The homœopathic physician, who does not entertain the foregone conclusion devised by the ordinary school (who have fixed upon a few names of fever, beyond which mighty nature dare not produce any others, so as to admit of their treating these diseases according to some fixed method), does not acknowledge the names gaol fever, bilious fever, typhus fever, putrid fever or mucous fever, but treats them each according to their several peculiarities." (*Organon*, p. 178, note 1.)

In the direct homœopathic treatment of disease, symptoms alone can guide us. "The unprejudiced observer—

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well aware of the nullity of transcendental speculations, which can receive no confirmation from experience—let his powers of penetration be ever so great, takes note of nothing in every individual disease, except the changes in the health of the body and of the mind (*morbid phenomena, accidents, symptoms*), which can be perceived externally by means of the senses, that is to say, he notices only the deviations from the former healthy state of the now diseased individual which are felt by the patient himself, remarked by those around him, and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." (*Organon*, pp. 111-12.) And again: "Now, as in a disease, from which no manifest exciting or maintaining cause (*causa occasionalis*) is to be removed, we can perceive nothing but the morbid symptoms, it must (regard being had to the possibility of a miasm, and attention paid to the accessory circumstances) be the symptoms alone, by which the disease demands and points to the remedy suited to relieve it—and, moreover, the totality of these its symptoms, of this outwardly reflected picture of the internal essence of the disease . . . must be the principal, or the sole means, whereby the disease can make known what remedy it requires—the only thing that can determine the choice of the most appropriate curative agent—and thus, in a word, the totality of the symptoms must be the principal, the sole thing, the physician has to take note of in every case of disease, and to remove by means of his art, in order to cure and transform it into health." (*Organon*, pp. 113-14.) And indeed, if the law "*similia similibus curentur*" has any meaning at all, it can only have reference to the symptoms which the specific remedy produces when given to healthy persons.

In this uncompromising combat for our deliverance

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from the trammels of hypothetical causes and nosological forms, we discover a near fellowship of mind between Rademacher and Hahnemann—a fellowship which would be still more intimate, had not the doctrine of Paracelsus that every disease should be treated by its corresponding specific remedy its point broken off by Rademacher's sweeping theory of the dominating "morbi stationarii." Rademacher speaks of Hahnemann with great respect, and appreciates his labours for the advancement of our knowledge of nature's "*materia medica*," but he demurs to the inference that he adopts the law "*similia similibus curentur*." We believe that Paracelsus himself would not have demurred to such an inference from *his* writings. Dr. Dudgeon and Dr. Rutherfurd Russell have shewn that Paracelsus had a perception, however confused, of the homœopathic law; and that he believed in the efficacy of imponderable doses, is proved to evidence by the remarkable passage in his work, *De causis et origine Luis Gallicae* (lib. v. cap. 11). As we have no English translation of the work, we quote the whole passage (partially quoted in Dr. Dudgeon's second lecture on "The Theory and Practice of Homœopathy," and by Rademacher himself) in Latin. It is well worthy our attention. "Cum hucusque pleraque quae ad administrationem pertinent, explicata sint, solum adhuc medicamentorum pondus, quantum esse debeat, exponendum superesse videtur: habent enim et vulgares medici, dum corpora expellunt, certa suorum remediorum pondera, quae Doseis illi appellant. Verûm quod nos hic pondus dicimus, non idem est cum illa dosi: etenim pondus illud quod illi intelligunt, medicum et artificiosum non est, cum absque ponderis lege exhibenda remedia esse medicorum ars praecipiat: quis enim est qui splendorem Solis, aërem, Spiritum Arcanum vel simile quidquam appendere certis ponderibus possit? Repudiandae ergo Doses vulgares sunt, quae nil

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commodi in hisce Luxus ac Veneris, tum aliis etiam morbis praestare queant. Administrandi igitur ratio nostra in hunc modum fieri debet, ut scilicet medicamentum in corpore instar ignis alicujus agat, et quidem tam efficaciter ac ignis in sicco pabulo agere cernitur. Videamus ergo, an ignis dosis certa, quae ad comburendam ligneam aliquam structuram sufficiat, constitui possit: certe scintillam unicam sufficere posse omnes sciunt ad integram sylvam concremandam. Quemadmodum ergo scintilla haec sine pondere est: sit medicamentum quod administratur, quantalocunque pondere sufficere debet ad actionem suam obeundam. Quemadmodem etiam scintilla pro materiae absumendae quantitate modo in magnam, modo in parvam flammam evadit: sic et medicamentum exhibendum, ut in multo morbo valde, in modico mediocriter crescere ut ac agere potest. Constat ergo actionem medicamenti nullam, vel paucam ponderi, sed uni virtuti acceptam ferendam esse." (Philippi Aureoli Theophrasti Paracelsi Bombast Eremitae summi inter Germanos medici et philosophi. Chirurgia magna Argentorati 1573.)

If we compare Rademacher's readings of Paracelsus with that of other historians (Sprengel, Lessing, Rutherfurd Russell, and others) and what we ourselves have been able to gather from the writings of Paracelsus, we cannot but come to the conclusion that Rademacher has taken some liberties with his master's principles of therapeutics, and that he has given us a modified part rather than the true essence of his doctrines. Rademacher himself disclaims with great modesty the credit that may be given him for his system; he claims all the honour and praise that may be bestowed upon it for his master. His disciples, however, seem to have thought otherwise. They acknowledge Rademacher as their chief, and are consequently called, not Paracelsians, but Rademacherians ("*Rademacherianer*"). Rademacher himself died in 1850, after having had the

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satisfaction of seeing four editions of his work published within nine years. During the best years of his life, his system was already practised by many of his German colleagues; at present, his disciples in Germany are numbered by thousands; and it is partly on this account that we have thought it fit to lay an abstract of his views before our English colleagues: a therapeutic system which has been adopted by so large a number of well-qualified physicians deserves, we think, the attention of the medical profession at large. A great part of the success which Rademacher's work has gained is, no doubt, owing to the manner in which it has been composed. It is by no means a dry, pedantical exposition of the writer's opinions on therapeutics; the greatest part of it, containing illustrations of the practical working of his system, is full of fine observations and practical suggestions, acceptable to physicians of every school. He frequently holds with his readers a kind of "colloquial intercourse to sweeten study," treating them to medical anecdotes which are never frivolous, but mostly bearing upon the difficulties a medical man has to encounter, and always well told. Appended to his work is a series of essays on various topics, chiefly on the ethics and prospects of our profession; these essays are unconnected with his system and with one another, "like orient pearl at random strung," but a thread of sound good sense, genuine benevolence and fine humour runs visibly through them. We believe that a condensed translation into English of Rachemacher's work would be received with favour by the medical public of this country, although, for the disciples of Hahnemann, Rademacher's *system*, even if it were more Paracelsian than it is, could have but an historical interest. The therapeutic principles of Paracelsus may have formed a scaffold for the founder of homœopathy, but the walls of the edifice being erected, the scaffold becomes practically useless.

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THE ULTIMATE FUSION OF THE TWO SCHOOLS OF MEDICINE, A NECESSITY INHERENT IN THE LAW OF PROGRESS.

By Dr. Eadon.

(Concluded from page 236.)

The real Old-School-Physic-treatment, as practised by the great mass of Medical Men in every part of the civilized world.

The Allopathy, or Antipathy, previously referred to, is a medical practice of a higher order than that which is generally pursued, as, it will be observed, an *artificial disease* is supposed to have been set up in *the seat of the natural disease*, or, where the cosmic force had materialized itself; but the real allopathy, or antipathy, of the great mass of practitioners is of a purely antipathic, revulsive, derivative, or suspensive kind, both internal and topical; and it is to this, that the reader's attention is specially directed.

Drugs create disease: they are, *de facto*, artificial-disease-producing agents. When a drug is taken or absorbed, a disease, more or less severe, is set up somewhere: either in a part diseased, or in one which is healthy. The system of allopathy, of which we now speak, aims at setting up an *artificial disease* in healthy organs, *parts*, or *tissues*, in the hope of giving a different direction to the concrete development of the morbific or cosmic force, and of transferring it from one organ to another. This method is supposed to act on the principle of John Hunter's, viz.: "If two diseases *break out* in separate organs, the stronger overcomes the weaker." This, perhaps, may take place when *two naturally-produced-diseases* come into full operation at the same time. But when the conditions are different, the results cannot be the same. In the one case an *artificial* disease is set up to overcome a *natural* one; in the other, *one natural disease* has to overcome *another*

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natural disease. Besides, the effects arising from a natural morbid cause, are more lasting than those arising from mere-drug-causes. Is this revulsive or derivative doctrine feasible? Can a medicine, or drug, set up a concrete-diseased condition in a *healthy* part, and DRAW AWAY morbid matter from a naturally-diseased part? Can this be done? Has it ever been done? If it have—how? On what principle? What is is the rationale of the action?

Now, since this has been the great practice of the dominant school, in all ages, both internally and topically, surely it can be shewn, to a demonstration, not only that disease can be cured, but that the philosophy of its action is susceptible of ample explanation. If this cannot be done, what a disgrace to a school, boasting that ITS DISCIPLES ALONE PRACTISE RATIONAL MEDICINE!! Can general, or topical bleeding, by the lancet, by the leech, or by cupping, remove internal congestion, or inflammation? Does an artificially-induced hæmorrhage from the nose really relieve the liver? or a similar mode, applied to the left nostril, actually remove the symptoms of a morbid spleen? Is the inflammation produced by a blister on the skin, or the irritation developed by the household *classic* mustard plaster, the very *inflammation* or *irritation itself* drawn from an internally diseased, but opposite part? Are the pustules which arise from rubbing Tart. emet. on the skin the *identical pustules* which covered over—say the liver—a few hours before? Can drastic purgatives—the cloaca maxima of old Therapeutics—draw off the peccant matters and strengthen the vital energy? Can cauteries abstract vitiated humours? Can exutories establish a drain from which all sorts of *maladies!* make their escape? Has the seton—that main gutter of revulsion—the power to disperse an amaurosis, or give normal action to the lungs? Can the heroic moxa—the FIRE-KING of allopathic practice, and the ne-plus-ultra of an *elegant* and *refined!* torture

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—tend, in the least degree, to a Curative action? We affirm, in the broadest sense, that all these measures are founded in error, and on a misconception of the true physiology and pathology of the human body. The whole practice is a piece of learned folly, and the best men of the old school know it. Dr. Pereira pronounces "the whole hypothesis of revulsion as perfectly gratuitous and incapable of proof." Another writer says:—"It was a mere dream, hatched one night in the head of Galen." Another:—"That it is neither supported by principle, nor established by facts." Another:—"That we cannot shut our eyes to the fact that revulsives are as much the resource *of an ignorance which does not know what else to do*, as of a science which has exhausted its means." Another:—"That there is really no such thing as revulsion or derivation, and the words ought to be banished from scientific language." Another:—"That its reign is almost at an end." Such are the opinions of a few master minds, with regard to the doctrine of revulsion or derivation, the present practice of nine-tenths of the dominant school. It is neither more nor less than a mere huge system of *palliation*. There is nothing *curative* about it. It sets up an artificial disease to *palliate* a natural one. In time, other classes of disagreeable symptoms arise. The medical man is again called in; a stronger drug is given, and a more powerful artificial disease is set up: and so on, till, in the course of years, the patient suffers under a series of drug-diseases, to cure which becomes a matter of extreme improbability. Tens of thousands of these drug-poisoned creatures are the prey, upon which fatten, hosts of allopathic practitioners, whose highest notion of medicine is—TINKERING THE BODY—and not that of restoring a beautiful piece of animated mechanism, whose motive power is glorious spirit, from an abnormal condition to one of healthy action. Well might Broussais exclaim:—"Look on those

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gloomy countenances, those pale leaden faces, which pass their whole life in thinking of their stomachs, whose digestion is made more painful and slow by the doctors ordering nourishing diet, generous wines, tinctures, elixirs, tonics, &c., until these victims fall a prey to diarrhœa, dropsy, or marasmus. Observe those tender creatures, scarcely out of the cradle: the tongue is hot and red, their looks shew great lassitude, the abdomen increases in size and becomes heated, the heart has an increased action from the effect of bitter elixirs, anti-scorbutic wine, sudorific syrups, mercurials, and cleansing medicines, which must hurry them to consumption and death. Examine those young people of brilliant complexion, full of life and activity, who begin to cough, and whose irritation is increased tenfold by blisters, lichen, and quinine, until the obstinacy of the symptoms show they are affected with tubercles, and must be reckoned among the numerous victims of pulmonary consumption. Let any one pronounce (after looking over such a roll of misconceived applications) whether medicine, up to the present time, has not been more injurious than beneficial to humanity." What faith had this distinguished allopath in his own old school treatment? None! Not an atom!!

With regard to topical antipathy and the antipathists—the men, who set up an artificial disease in a healthy part, diametrically opposite to the one under which the patient is labouring—it is such an attempt to reach a Heaven of Health by means of a Babel of folly, that a lengthened notice would be quite out of place. Professional men of this class, in consequence of the limited sphere of action in which a contrarium can be found, are compelled to fall into the allopathic practice of the class just described.

These modes of practice are *never curative*—cannot be so—in the very nature of things. The natural disease may be, and often, is kept, for a time, in abeyance; but when the organism reacts, more powerful means are required,

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and, in this way, the services of the learned Sangrado are constantly in demand, so long as there is reactive power left in the body.

The following is the armamentarium of this Stand-still-Allopathy, with most of the topical revulsions made use of, to *comfort the afflicted!* to assuage human misery, and to restore the shattered frames of our common humanity to a healthy condition!!!

Internal Treatment.		External Applications.
Table 1. Allopathy.	Table 2. Antipathy.	Table 3. Allopathic and Antipathic Topical Appliances.
Pure Allopathy is the setting up of a new disease in a *Healthy part* to draw off the natural disease. It is of no moment, if it act as an *alterative* in *some way*, so that the patient is first made worse. This is done by giving emetics, purgatives, diuretics, diaphoretics, anodynes, sedatives, nauseants, nervines, neurotics, stimulants &c. &c.	Antipathy is trying to set up a new disease in *a Healthy part*, the *very opposite* of that from which the patient is suffering. If this cannot be found, then, an *alterative* is given as in Table No. 1. The treatment of Table No. 2 is constantly merging into that of No. 1, from the sheer impossibility of carrying out the principle of contrarium.	Local applications by which to drive away disease!!! General Bleeding. Topical by Leeches. " " Cupping. " " Plasters. " " Blisters. " " Cautery. " " Setons. " " Moxas. " " Scarification. " " Caustics. " " Emollients. ☞ This is a somewhat formidable array either of, health-preserving, or, of death-dealing missiles. If a medical man were the *patient*, he would consider them, in reference to his own dear self, *death-dealing;* — anything, but, LIFE-PRESERVING!

There is one sphere of curative application, along with that of the whole domain of Hygiene, which may be called, NEUTRAL GROUND, and is common alike to both the homœopathic and the allopathic schools of medicine. These modes and appliances are tabulated below for convenience of reference:—

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FUSION OF THE TWO SCHOOLS OF MEDICINE.

THE NEUTRAL GROUND OF BOTH SCHOOLS OF MEDICINE:

OR,

Different modes of Curative or Palliative Treatment OUTSIDE *the great Therapeutic Law of "Similia Similibus Curantur."*

Table 1. Physiological Remedial Agents.	Table 2. Mechanical Remedial Agents.	Table 3. Chemical Remedial Agents.
Heat, Light, Air, Food, Exercise, Sleep, Water, Ventilation, Friction, Cleanliness.	Emetics, for Poisons.	Antidotes, to the irritant poisons from the mineral, animal and vegetable kingdoms: to the narcotic poisons, embracing the chemical and pharmaceutic productions and vegetable products: to the narcotico-acrid poisons: and, also to the septic or putrefiant poisons.
Tonics. (For sudden nervous depression; as Physiological means for Physiological conditions)	Purgatives, for Obstructions.	Acids—antidoted with their opposites.
Stimulants. (For sudden nervous depression; as Physiological means for Physiological conditions)	Diaphoretics, for do.	Alkalis—antidoted with their opposites.
	Astringents.	
	Stiptics.	
	Vermifuges.	
	Emmenagogues.	
Imponderabilia.	*Aids towards diagnosis, common to both schools.*	
The Electric current.	The Stethoscope.	
The Galvanic ,,	,, Laryngoscope.	
The Magnetic ,,	,, Microscope.	
The Mesmeric pass.	,, Uterine Sound.	
	,, Speculum.	
Appliances to cleanse the system from morbid matter.	,, Thermometer.	
	,, Pleximeter.	
Hydropathy and its varied appliances.	,, Pessory.	
Atmopathy and do.	,, Sponge Tents.	
The Movement-cure, or Kineisipathy.	&c. &c.	
Physiological Deficiences.		
Special food containing the ferruginous element when that is deficient; also food containing the Phosphates of Lime, when this element is minus in the system.		
Stimulants, when the vital powers are prostrate, as a temporary support to enable specific remedies to act with more power.		

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FUSION OF THE TWO SCHOOLS OF MEDICINE.

There are parties who think, because a man practises homœopathy, every other mode of curative agency is of necessity shut up from him. Nay, there are homœopathic practitioners who confound things that essentially differ, and would have an *inflexible law of nature* bend to their whims, caprices, and medical oddities. How, we would ask, can a vital, or dynamic law do the work of a chemical, a physical, or a physiological law? It would be just as wise to expect the law to perform a SURGICAL OPERATION. Each principle has its own department of operation, and can only do that which it was destined to do. To expect from a chemical principle the results of that which is mechanical, or to expect from a dynamic force effects which are purely the results of mechanical means or appliances, is expecting an impossibility. It is like attempting to gather grapes from thorns, or figs from thistles. Each law is perfect in its own sphere of action: out of that sphere, error dogs it at every step. Now, let it never be forgotten, that the chemical and mechanical laws are as available for the use of the homœopathic practitioner as of the allopathic, or of any other scientific class of men. The law of "Like" is perfect in its own sphere; but, to expect it to do the work of a chemical, or of a mechanical law, is to confound things that differ, and to make a principle which, in its own domain, is fixed and certain as the laws of the stars, as unreliable as any of the dogmas of old school physic.

Homœopathy is not yet perfect. The temple, whose corner stone was laid by the illustrious Hahnemann, is *a building* not yet *built*. Whoever, in an enthusiastic burst of glorification for this greatest of Therapeutic generalisations, declares that the TOP-STONE HAS BEEN BROUGHT FORTH WITH REJOICING, has either got a peculiar obliquity of vision, or, like Æneas of old, "Septus nebulâ," fancies he sees what cannot by possibility exist. Not knowing the

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pathogenesis of *all drugs*, we are not in a condition to treat *every form of morbid condition* to which human nature is liable. We know no drug perfectly pathogenetic to the cancerous diathesis; then, what is to be done when the homœopath is called in to treat CANCER? He cannot apply the law of similia perfectly. Not that the law fails; but man has not discovered the drug in which the cancerous force lies embedded. What is to be done then? He does the next best thing: he selects a drug having a special affinity for the diseased part, and which will produce symptoms and morbid states as much *like* those developed by the natural morbific force as he is able to select; and, by keeping the cause in abeyance for a time, the curative power of nature may possibly step in, assert her right, and a considerable palliation be the result. This mode, as we have shown, is the nearest approach to RATIONAL MEDICINE, *i.e.*, to HOMŒOPATHY, and is the highest form to which the best allopathic treatment can attain, without a man's being a *homœopathic physician* altogether. This treatment of cancer, is the best, under the circumstances—and why? Because of our ignorance of the drug which would enable us to apply directly to the morbific cause, and the materialized disease produced by it, the great law of cure. This kind of treatment, arising from ignorance, is PALLIATIVE, from its Alpha to its Omega. To the homœopath it is unsatisfactory, because God's law of cure cannot be brought into play; to the allopath, it is the VERY BEST HE CAN DO, and is the perfection of HIS MEDICAL ART! Depend upon it, the law of cure, by similars, is perfect. It is *our ignorance* in not being able to comply with all the conditions requisite which is the cause of failure. Hundreds of thought-to-be-incurable-diseases would be cured if our knowledge would enable us to produce the two parallel series of phenomena—morbific and pathogenetic.

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FUSION OF THE TWO SCHOOLS OF MEDICINE.

It should be borne in mind, that what is *outside* the Homœopathic Law, when giving drugs, is merely PALLIATIVE; seldom, if ever, curative. The latter is the exception: the former, the rule. Still, this imperfect, this round-about-system, belongs to the homœopath, as well as to the allopath. To the former only, when, from ignorance, of the properties of drugs, and the causes of disease, he cannot apply God's Therapeutic Law of "Likes"; to the latter, it is the only mode *he* can adopt, as *his* knowledge of the properties of drugs is merely *general, imperfect,* and *incapable of particular* application if his own principles be adhered to.

As to the use of the imponderabilia, in medicine, the od-force, in man, Hydropathy, in all its forms, Atmopathy—general and local, Kineisipathy, in all its movements—modes of treating disease, other than those of homœopathy,—these are all open to homœopathic as to allopathic appropriation. Nay, more, the analogy between these remedial agents is closer in respect of homœopathy, than it is, with regard to allopathy. There is an innate elegance in the Homœopathic treatment, which allies itself to all kinds of *Dynamic forces,* whether galvanic, electric, magnetic, or mesmeric; while, on the other hand, Allopathy, gross in its conception, clumsy in its application, and always repulsive to the refined and the cultivated, finds analogues alone in those gross substances which strike home to the sensual understanding, and which fitly enough harmonize with the crude notions and the imperfect conceptions of a barbarous age—not to say, the low state of refinement of a semi-educated people.

The law of "Likes" is God's law of cure by *Drugs;* but the liberal minded homœopathic physician, looking abroad on the great fields of human misery, and feeling there are other means of restoring the equilibrium between the internal and external organizations of that

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wondrously formed creature—man—avails himself of other agencies, clearly enough intended by Providence for the alleviation of human suffering and the prolongation and enjoyment of life. Standing on the immutable law of "Likes," as the foundation of rational treatment by drugs, he avails himself of every recuperative form and appliance in the wide domain of Curapathy, which has a tendency to restore his fellow man from a debilitated physical condition to one of vigorous health;—of health, that indescribably joyous feeling which, when a man is in possession of, compels him, having, with untiring muscle and unabated breath, reached the mountain-top, to bless his existence, and to thank God that HE IS A MAN.

In conclusion: we have endeavoured to show, that, the development of mind, and an advancement to a higher order of thought and of action are properties inherent in the nature of man; that, error, in every form, must of necessity give place to truth; that, drugs set up artificial disease, and have, a special affinity, for certain pre-ordained parts of the organism; that, all curative action depends upon the drug-force impinging *the seat of the disease* and producing symptomatic and pathological phenomena "like" or correspondent to, those engendered by the cosmic-morbific force; that, the farther we recede from the doctrine of "likeness" into the regions of differentism and contrariism, the more uncertain, palliative, and unsatisfactory every form of treatment becomes; that, the whole topical revulsive forms of treatment, boasted of by the allopath, belongs, specially, and truly, to the homœopath, as *he alone* knows how to give those dead forms, a vital, curative power; that, the best treatment of the Old school, must, of necessity, merge into that of the New, as the *inferior* ever yields to the *superior;* that, the *pure old school treatment*—whether internal or external—is one vast system of error, barbarous in conception, dis-

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agreeable in practice, and highly destructive, in its effects, on the bodies of men; that, there is a large curative and hygienic domain, OUTISDE THE GREAT THERAPEUTIC LAW OF CURE, common alike to the homœopathic and to the allopathic practitioner, of which each may avail himself without the one recriminating the other; that, the Dynamic is unlike either the chemical, or the physical law, and he will most assuredly reap a harvest of folly who expects to gather a crop which properly belongs to either of the others; and, finally, the conclusion strikes the mind with a resistless force, that, it is the bounden duty of the Homœopathic Physician to avail himself of every kind of curative means or appliance scattered throughout the realms of science and of art, which will tend, in any measure, to alleviate the sufferings of his fellow man, when, from ignorance of the properties of some peculiar drug, he is rendered incapable of applying the great Law of Healing in order to bring about a TRUE CURATIVE ACTION.

Seeing, then, that such is the high and commanding position of the Homœopathic School of Medicine, why should any of its members, fawn, and hang, with joyous step, on the skirts of that of the allopathic? Why succumb to error? Is not Truth more powerful than Error, how-so-ever bedecked with ermine, or encircled with a coronet of power? These external trappings, with the THING they cover, lose their brilliancy, and moulder away; but Truth, shines brighter and brighter, and endures for ever.

The allopathic Alexander has already left his palace, and is travelling, four in hand, on the great highway of progress, to visit the homœopathic Diogenes. Soon his arrival will be announced, and then, this imperious medical sovereign will feel it no derogation from his pride, to be told to step aside, and not to stand betwixt him and the Sun of Homœopathic Truth.

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HOMŒOPATHY.

Translated from the Swiss "Bund" by Mr. B. R. Scheibler, *London.*

"We are far from knowing all the powers of nature in their different grades of action, and it would be unphilosophical to deny the existence of phenomena only for the reason, that by the standard of knowledge we have attained, they appear inexplicable to us."—
Laplace.

The members of the old medical profession in the Council of Berne, attacked Homœopathy and the physicians who practised it, in a sitting of the Council on the 13th March, 1863, in such a manner, that a number of homœopaths of the said Canton, who by many years of study and experience were convinced of the truth and advantages of this system, felt called upon to protest publicly against it in the Nos. 89 and 90 of the journal, the "Bund."

The following is the translation of their protest:—

"It is the lot of every great and newly-discovered truth, to be misrepresented and opposed, and this with the greater animosity, the more it hurts old rotten prejudices and interests of all kinds.

"This has also happened to the homœopathic system of medicine in a very conspicuous manner.

"It is now sixty years, since Hahnemann made public and taught the foundation of his new system of medicine. The bold reformer and his pupils were persecuted, ridiculed and scorned in all manners, by the so-called orthodox doctors, who declared their principles to be so ridiculous and nonsensical, that it would be below the dignity of a true scientific man to make himself acquainted with the laws and practice of homœopathy. But homœopathy in its existence has given daily so many theoretical and practical proofs of its universal importance,

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that both in its individuality and in its immense and incalculable consequences, it deserves to be mentioned amongst the most important discoveries of the age, and to be ranked as one of the rarest and most beneficial inventions that humanity has ever been blessed with.

"It is not the place here, for scientifically investigating and discussing the theory of homœopathy. Latterly several very scientific men, like Wislicenus, Von Grauvogle and Hoppe, have given us undeniable proofs of its foundation on an indisputable law of nature, and of its right to be considered as a science.*

"The truth of its principles had been practically proved by its success, not only in isolated cases, but in great epidemics, as those of diarrhœa, cholera, typhus, small pox, scarlet fever, the measles, angina diphtheria, syphilis, &c., &c., in so conspicuous a manner, that year after year, it has forced its way into larger circles, and is now practised in all countries by a considerable number of scientific and intelligent physicians, who, after having studied and practised for a greater or shorter length of time the old system of allopathy, know both systems, and have given the preference to homœopathy, only after mature investigation and numerous comparisons of the result of both systems on their patients.

"The great majority of allopaths, however, only know homœopathy by hearsay, and look on it through the dim glasses of the prejudices of a thousand years. Few or none of those who have opposed or abused homœopathy, have previously examined and studied the matter thoroughly, because all those who have conscientiously done this, have soon been convinced of the truth of the system, and adopted its practice.

"In the ranks of believers in homœopathy, we see

* In England, Dr. Sharp, Dr. Ryan, Dr. Horner, and others.

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physicians, whose writings prove, and to whom nobody can deny, an extended and profound medical knowledge, as well as a sound judgment. Men like Stapf, Mor. Müller, Rummel, Hartmann, Hartlaub, Von Bönninghausen, Jahr, Rückert, Noack, Trinks, Hering, Stens, Wislicenus, Kafka, Bähr, Grauvogle, Petroz, d'Almador, Desguidi, Jourdan, Espanet, Tessier, Teste, Imbert, Simon (for Great Britain we may name Quin, Laurie, Dudgeon, Wilson, Henderson, Russell, Malan, Simpson, Sharp, Epps, Horner, Sampson, Ryan, Cameron, Heurtley, Chapman, Chepmell, Eadon, &c.), and many others, known either by their scientific writings or successful practice, but whose names will make too long a list, would adorn and honour any medical system they advocated.

"Homœopathy can boast of a rich and very scientific literature, and a great number of profound writings in all the languages of the civilized world.

"In Germany six well-written journals are published, treating exclusively of homœopathy;—in France and Belgium, five; in Great Britain, three; in Holland, one; in Russia, one; in Italy, one; in Spain, two; in North America, three; in the Brazils, one, &c., &c.

"Homœopathy, although systematically opposed by its adversaries, and excluded from all public medical schools, with the exception of in the United States, where there are three homœopathic colleges, possesses nevertheless many great and small hospitals and public dispensaries, as for instance, three hospitals in Vienna, one hospital and many dispensaries in London, &c., &c.

"The yearly statements they publish of their results, can be verified by the medical faculty, they being accessible to the practitioners of any school. The results obtained in these homœopathic hospitals will bear an advantageous comparison with those of the old school, even those which are under the immediate direction of the most renowned professors of allopathy.

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HOMŒOPATHY.

"Amongst the most authentic proofs which we have at hand, we, for brevity's sake, give verbally the following passages from a statement of the general board of hospitals in Paris (Dr. Gallawardin's projets d'hopitaux mixtes. —Lyons, 1861):

"'In the hospital of St. Margarethe in Paris there are two divisions, the one with 100 beds under Dr. Tessier, who treats his patients homœopathically, and the other with 99 beds, first under Dr. Valleix, and after his departure under Dr. Marotte, who both treated theirs allopathically.

"'The newly admitted patients are laid in the first free beds which have become empty, either in the one or in the other section, and the trials of the two therapeutic methods therefore take place under entirely similar circumstances. The mortality in both has given the following results, viz:

"'1. Allopathic section: years 1849-50, and 1851, 3724 patients, 411 deaths—eleven per cent.

"'2. Homœopathic section: years 1849-50, and 1851, 4663 patients, 399 deaths—eight per cent., or difference of mortality in favour of homœopathy three per cent.'

(The translator of these lines has collated during twelve years, in eighty instances, the yearly statements of the principal hospitals of Europe and America. The method of treatment in half of them was on the allopathic, in the other half on the homœopathic system. The results in all these cases were on an average, even still more in favour of the homœopathic treatment than in that above mentioned. It struck him particularly that mortality always was least in those homœopathic hospitals, where the smallest doses of medicine—highest dilutions and triturations—were given, as a rule. A pamphlet: Homœopathic Statistics, their bearing on the prosperity of the working classes, on society in general, &c., by Fred.

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Smith, has lately been published.—London, 1863. It contains the most startling evidences in favour of homœopathy, and draws inferences therefrom, for the benefit of hospitals, friendly societies, and the nation at large.)

"The directors of the hospital St. Margarethe in Paris, said in their statement: 'With such results we are far from wishing to oppose the free practice of all systems of medical science, by hindering Dr. Tessier from treating his patients homœopathically. On the contrary, we desire him to continue his endeavours as long as they are useful to humanity.'

"The average duration of the time of sickness in the homœopathic section was 23 days, against 29 days in the allopathic section, so that thanks to homœopathy, a hospital with 100 beds would be able to relieve 300 patients more yearly, than if under allopathic treatment, or a homœopathic hospital of 100 beds would equal an allopathic one with 120 beds.

"The cost of medicine in the allopathic section was in the above three years 23,522 francs, and in the homœopathic section in the same lapse of time, only 300 francs!

"This shows that homœopathic treatment in its results, not only equals, but surpasses greatly that of allopathy, and if in spite of such facts the opponents of homœopathy will explain these results by the power of nature (the natural power of reaction), or of the imagination,* or of the faith of the patient, the diet, &c., &c., as they are wont to do, they must in order to be logical, deny all cure by art, and declare their large and repeated doses of medicine mere quackery.

"The time will soon come, and we hold it to be nearer

* It is well known that homœopathic treatment has for many years, been tried in the most dangerous diseases of horses, cattle, and of all domestic animals, and followed with the most successful results. Had imagination anything to do in these cases?—*Note of the translator.*

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than is generally supposed, when the so-called rational or physiological medical school—the leading medical school—will be forced in its despair, and the obscurity and abasement of its therapeutics, to advance. It has come to a point where it can no longer remain stationary. It must lay down its pride, if it would still deserve the name of a scientific school. It will be forced to consider homœopathy—which up to the present it has despised and scorned—as worthy of a closer and juster examination. Homœopathy, with its simple system of proving medicines on the healthy, noting the symptoms produced, and applying these remedies in practice, according to their specific working thus demonstrated (which is the fundamental law discovered by Hahnemann), desires strict investigation. Such investigation can only lead to its triumph and general adoption.

"The unprejudiced will see, that by the detractors of homœopathy in the great council of Berne, not one authenticated fact or undeniable proof has been adduced for their opinions, and that blind prejudice alone has dictated their allegations and judgment. In order to oppose the latter by the authority of a profound student of nature, and impartial judge, we may be allowed to quote some passages of a remarkable work lately published, viz: 'Body and Spirit, by Dr. Scheffler.—Brunswick, 1862,' which we have translated literally as follows: 'I was on the point of giving my opinion on the different views which have been adopted theoretically by the different medical schools, and was going to begin with homœopathy. I cannot deny that it was chiefly ridicule which was on the point of flowing from my pen, for all that I had heard and read of this school, contained such obvious opposition to rational science and general logic, that I could but tax the whole of this so-called science as pure quackery. It struck me, however, that my entire know-

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ledge of this school had been derived from its opponents, and my pen was unwilling to write a condemnation on purely foreign authority; my better judgment called out to me—audiatur et altera pars, and finding that Hahnemann's Organon of the homœopathic doctrine was out of print, I took up Dr. Jahr's Principes et Règles dans la Pratique Homœopathique (Paris, 1857), in order to be acquainted with the views of homœopaths themselves.

"'How thankful I have since been for this call of my conscience. I could never have forgiven myself the sin of a premature judgment, being convinced that I could not have done a greater injustice, than in this instance.

"'It is true that some of the homœopathic teachings, at the beginning of its existence, were intermixed with errors, but these have partly been done away with, and partly have reference only to secondary things or explanations, which do not regard principal facts.

"'The fundamental law of homœopathy I declare to be an indisputable truth, and a germ capable of benefiting humanity in a high degree, and I consider Hahnemann, its founder, as not only a shrewd observer, but a sound and eminent discoverer.'

"After having gained this conviction, nothing is more inexplicable to me than the blindness, with which the opponents to homœopathy, belonging to the old medical school, without previously examining it for themselves, look down upon the younger branch of their science, and which has not only considerably influenced their own present practices, in regard to doses and their repetition, but which has at the same time given thousands of proofs of efficiency to those of their friends and adherents, who have trusted to it their bodily welfare."

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THE QUESTION OF DOSES, DILUTIONS, AND THE ALTERNATION OF REMEDIES PRACTICALLY CONSIDERED.

By Dr. Bayes.

(Continued from page 169.)

b. The effect of two dilutions of the same medicine given in alternation.

Bryonia in alternation. In *Case* 18, dilutions 12 and 24 reduced pulse from 84 to 72 in first day, to 60 in second, to 48 in third. In *Case* 21, dilutions 12 and 24 caused great general improvement, and reduced pulse from 100 to 68 in one day. In *Case* 22, dilutions 6 and 12 induced an aggravation of symptoms in evening, followed by great improvement, pulse reduced from 120 to 100; in first day, dilutions 12 and 24 induced more decided improvement, reducing pulse from 100 to 76 in one day, to 60 on third day. In *Case* 23, dilutions 12 and 24 induced no change on first day; on second day, improvement, pulse reduced from 120 to 100; on third day, to 84; on fourth day, a relapse; on fifth day, pulse 64. In *Case* 28, induced rapid improvement. In *Case* 29, an accession of fever, pulse rose from 92 to 116, then gradually subsided to 92; on second day, fell to 84; on third day, to 56, in evening, to 44; on fifth day, to 40. In *Case* 30, reduced pulse from 120 to 112, where it remained three days, then sank to 92. (This obstinacy of pulse appears to have been caused by cerebral excitement, as the stethoscopical signs continued to improve.) In *Case* 31, no good result. In *Case* 32, the 12th dilution during the day and the 24th during the night; no good result. In *Case* 33, slight improvement. In *Case* 35, pulse reduced from 100 to 95 in first day; to 75 in second. In *Case* 36, reduced pulse from 95 to 90, with slight general improvement.

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Bryonia 6 and 12, in alternation. In *Case* 22, pulse reduced from 116 to 100, with marked improvement on the following day. *Bryonia* 12 and 24 were substituted with still greater results.

c. The effect of two different medicines given in alternation.

Aconite 6 and Bryonia 6. In *Case* 9, no arrest of disease. In *Case* 22, dyspnœa lessened.

Aconite 6 and Bryonia 12. In *Case* 24, no arrest of disease.

Aconite 6 and Bryonia 18. In *Case* 8, great prostration.

Aconite and Bryonia (dilution not mentioned). A good night.

Bryonia 12 and Phosphorus 12, in alternation. In *Case* 9, followed by improvement in every respect. In *Case* 32, steady improvement. In *Case* 33, pulse reduced from 100 to 64 on first day, and to 60 in second day, with steady improvement. In *Case* 34, pulse 115, no improvement in first day, followed by great improvement in second and third day, pulse reduced to 62. In *Case* 36, pulse reduced from 90 to 70, with great general improvement, in first day, and to 60 in second day.

Bryonia 15 in the day-time, and Phosphorus 15 at night. In *Case* 5, continued improvement.

Bryonia 18 and Phosphorus 18. In *Case* 14, great improvement.

Bryonia 18 and Phosphorus 30. In *Case* 8, improvement; pulse gradually reduced from 80 to 60 in three days.

Bryonia 24 and Phosphorus. In *Case* 13, favourable crisis occurred next day.

Bryonia 24 and Phosphorus 12. In *Case* 32, followed by steady improvement.

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THE QUESTION OF DOSES, ETC.

BRYONIA 30 during the day, and PHOSPHORUS at night. In *Case* 4, pulse reduced on first day from 100 to 75; second day, no fever; third day, pulse 60, and great improvement.

BRYONIA 18 and SULPHUR. In *Case* 17, continued improvement.

BRYONIA 12 and CARBO VEGET. 12. In *Case* 21, no change.

BRYONIA 12 and BELLAD. 12. In *Case* 24, gave a good night, but delirium remained.

BELLAD. 12 and ARSEN. 12. In *Case* 24, reduced pulse from 84 to 64 in one day, and to 56 in second day, curing delirium and giving an appetite.

BRYONIA 12 and SULPHUR 12. In *Case* 25, induced a favourable change in all symptoms, *aconite* and *bryonia* having failed to do so; pulse reduced in three days from 108 to 56.

BRYONIA and IPECAC. In *Case* 32, no change.

BRYONIA and BELLAD. In *Case* 32, induced great improvement, and lessened cough.

BELLAD. 6 and SULPH. 18. In *Case* 2, hastened resolution.

BELLAD. and BRYONIA (dilution not named). Gave no relief, in *Case* 10, to delirium caused by metastasis to brain.

SULPHUR 18 and IPECAC. In *Case* 11, gave no apparent relief, in acute phthisis following pneumonia.

ARNICA 6 and PHOSPHORUS 12. In *Case* 38, no change.

SUMMARY.

ACONITE, in the 6th, 12th, 15th and 18 dilutions, does not appear to have exerted a curative power in the cases of pneumonia above recorded.

BELLADONNA 6th acted powerfully on the brain, in

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Case 10; and *bellad.* 18th carried the improvement on to rapid convalescence.

BRYONIA 6 acted very decidedly in one case, but in another was followed by no good result.

BRYONIA 12 shewed a very marked influence in abating the frequency of the pulse and in reducing inflammatory action. Of 19 observations, 15 shewed most favourable and decided results.

BRYONIA 15 was given, alone, in two cases only; in one, a very favourable result followed.

BRYONIA 18 was given in 4 cases, and in each the result was very decidedly favourable.

BRYONIA 24 was given in 9 cases, and in each the result was decided and favourable.

BRYONIA 30 was given in 2 cases, and in each the result was admirable.

The other medicines were given as adjuncts, or to meet isolated symptoms, their effects need not be here recapitulated.

The alternation of BRYONIA 12 and 24 were mostly followed by good results, but these were not more brilliant than were those which followed the administration of the *highest* of the two dilutions when used singly.

The alternations of ACONITE and BRYONIA did not shew so good a result as where *bryonia* alone was administered.

The alternation of BRYONIA 12 and PHOSPHORUS 12 was invariably followed by good result, but the results were in no respect more brilliant than were those induced by *bryonia* 24 when used alone.

The remaining alternations were used in too few cases to give the observations *comparative* value.

A general review of Dr. Tessier's cases appears to prove that—

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THE QUESTION OF DOSES, ETC.

1stly. Simple acute pneumonia may safely be treated by *bryonia* alone.

2ndly. That *bryonia* appears to cure pneumonia by reducing the pulse (see Dr. Tessier's conclusions in page 164, in the March number of the *Review*).

3rdly. That the 24th dilution of *bryonia* acts at least as well and as powerfully as do those lower in the scale.*

4thly. That nothing is to be gained by the alternation of two dilutions of the same medicine.

5thly. That the alternation of two remedies not only does not retard cure, but appears to have been followed, in some cases at least, by evident improvement.

The duration of the disease, and the length of time from the commencement of the treatment to the period of cure, are subjoined in the following Table, which shews the treatment &c. at a glance.

	Duration of disease.	Length of time under treatment.	Medicines prescribed.
Case 1	13 days	10 days	—Acon. 15 and 16, Bryon. 30, Phosph. 30.
2	14 days	14 days	—Bry. 6, 15, 12, Phosph 12, [Bell. 6, Sulph. 18].*
3	17 days	15 days	—Bry. 12, 2, 15, Phosph. 15, Iod. 12.
4	20 days	13 days	—Acon. 9, [Bry 30 and Phosph.], [Phosph. 12, Iod. 12].
5	11 days	10 days	—Acon. 6, Bry. 6, [Bry. 15, Phosph. 15], Bry. 15.
6	12 days	9 days	—Acon. 6, Bry. 30.
7	26 days	22 days†	—Bry. 12, 24, Sulph. 30——†Acon. 6, Ipec. 6.
8	41 days	35 days	Acon. 6, [Acon. 6, Bry. 18], [Bry. 18, Phosph. 30], Sulph. 18.
9	7 days	6 days	—[Acon. 6, Bry. 6], [Bry. 12, Phosph. 12], Bry 12.
10	4 days	4 days	—Acon. 18, Bry., Bell., Mosch., Bell. 6, 18.
‡12	16 days	16 days	Acon. 6, Bry. 18, [Bry. and Phosph.], Rheum, Phosph, Rheum.
13	9 days	7 days	—Acon. 18, Bryon. 24, [Bry. 24 and Phosph.], Bry. 24.
14	13 days	10 days	—Acon. 12, Bry. 18, [Bry. 18 and Phosph. 18], Sulph. 18.
15	10 days	9 days	—Acon., Bry. 18.

* *Bryonia* 30 I exclude, as it was only tried in two observations.

* Medicines when bracketted were given in alternation.

† Bronchitis supervened: the above denotes the time when both pneumonia and bronchitis were cured.

‡ Case 11 died from phthisis.

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THE QUESTION OF DOSES, ETC.

Duration of Disease.	Length of time under treatment.	Medicines prescribed.
16—10 days—	7 days	—Acon., Bry. 12, Phosph.
17—10 days—	9 days	—Acon. 6, Bry. 18, [Bry. 18 and Sulph.], Bry. 18.
18—11 days—	9 days	—Acon. 6, Bry. 12, [Bry. 12 and 24], Bry. 24.
19—11 days—	9 days	—Acon. 12, Bry. 12, Phosph.
20—13 days—	12 days	—Bryon., Phosph. 12.
21—16 days—	11 days	[Bry. 12, Carb. 12], [Bry. 12 and 24], [Bry. 12, Sulph. 6], Sulph. 12.
22—13 days—	8 days	[Acon. 6, Bry. 6], [Bry. 6 and 12], [Bry. 12 and 24], Bry. 12.
23—11 days—	8 days	—[Bry. 12 and 24], Acon. 12, [Bry. 12 and 24], Bry. 12.
24—15 days—	13 days	[Acon. 6 and Bry. 12], Bry. 12, [Bry. and Phosph. 12], Bry. 12, [Bry. and Bell. 12], [Bell. and Ars. 12], Sulph. 24.
25—11 days—	10 days	—Acon. 6, Bry. 12, [Bry. and Sulph. 12], Sulph., Bry. 24.
26— 8 days—	6 days	—[Acon., Bry.], Bry. 12, Phosph.
27— 7 days—	6 days	—Bry. 12, Bry. 24.
28—10 days—	5 days	—Bry. 12, [Bry. 12 and 24], Bry. 24.
29—14 days—	11 days	—[Bry. 12 and 24], Bry. 12.
30—13 days—	12 days	—[Bry. 12 and 24], Bry. 12, Bry. 24.
31—22 days—	15 days	[Bry. 12 and 24], Bry. 12, [Bry. and Sulph. 12], Bry. 12, [Bry. and Phosph.]
32—27 days—	21 days	Bry. 12, 24, [Bry. 12, Phosph. 12], [Bry. 24, Phosph. 12], [Bry. and Ipec.], [Bry. and Bell.], Ipec.
33—12 days—	7 days	—[Bry. 12 and 24], [Bry. 12, Phosph. 12], Bry. 24.
34—13 days—	10 days	—Bry. 12, [Bry. 12 and Phosph. 12], Bry. 24.
35—25 days—	20 days*	—Bry. 12, [Bry. 12 and 24], [Bry. and Phosph.]
36—13 days—	9 days	Bry. 12, [Bry. 12 and 24], [Bry. 12 and Phosph. 12], Bry., Arnica.
37— 9 days—	5 days	—Bry. 12, 24.
38—13 days—	11 days	—[Arnica 6, Phosph. 12], Bry., [Bry., Rhus tox. 12].

It should be borne in mind that the above series of cases were experiments made by Dr. Tessier during his examination into the effects of homœopathic remedies; they nevertheless shew a very marked success in the treatment of an acute disease by very infinitesimal doses of the medicines employed.

* Died of erysipelas, followed by double bronchitis, about one month later.

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MR. WILSON'S CONTROVERSIAL NOVELTIES.

To the Editor of the Monthly Homœopathic Review.

SIR,—I suspect your readers must be heartily tired of the controversy respecting the merits or demerits of my contributions to homœopathic literature, and I would not have troubled you again on the subject were it not that there is a slight inaccuracy in the title of Mr. Wilson's last essay, which might mislead those who had not taken the trouble to peruse my two letters in December and March, to which I must refer your readers for a complete reply to the accusations in Mr. Wilson's article.

It is related of the authors of a French Encyclopædia or Dictionary, that when they came to the word *Écrevisse*, they defined it as "a little red fish that walks backwards"; and in order to be quite sure that they were correct, they communicated their definition to Buffon and begged his opinion of it. The great naturalist replied with sly humour, "it is not a fish, it is not red, nor does it walk backwards, otherwise your definition is perfectly correct." In like manner, on seeing the title of Mr. Wilson's last communication: "Dr. Dudgeon's excuses for his want of accuracy and fidelity as a compiler"—I can only say, I have made no excuses of any kind, and I have admitted no want of accuracy and fidelity on my part either as a compiler or as a translator, otherwise I have no fault to find with Mr. Wilson's title.

Mr. Wilson has invented quite a new style of controversy. Having found that I defended myself successfully against every one of his accusations, and managed to turn the tables on himself, he manufactures a heading for his paper conveying the impression that I had pleaded guilty and framed excuses for my wicked conduct. Mr. Wilson deserves all the credit of this original system of tactics in controversial warfare, but he must not be sur-

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prised if on-lookers pronounce it unfair. Some years ago a learned book on Spain was published, and in the table of contents there appeared: "Chap. ——, On religious toleration in Spain." On referring to the chapter indicated it was found to consist of the following words: "There is no religious toleration in Spain." So when future readers shall consult your journal, they will find the heading: "Dr. Dudgeon's excuses," and on turning to the place indicated they will perceive that Dr. Dudgeon made *no* excuses. In spite of Mr. Wilson's denunciations of jokes, I cannot help thinking that this remarkable heading of his paper is intended as a joke of the sort in vogue with some people on the 1st of April, the day of its publication.

The real facts of the case, as your readers may perhaps remember, if they care to remember aught about the dispute, are these: Mr. Wilson accused me of having mistranslated a certain German word; I defended myself, successfully, I believe; Mr. Wilson then changed his ground and attacked me on the sources whence I took the symptoms of certain medicines; I again defended myself, I leave your readers to judge with what success. Mr. Wilson changes the *venue* once more to my volume of *Lectures*, and treats your readers to some extracts from what is by courtesy called a "review" of them which appeared in 1854 in the *Homœopathic Times*, of which he was then editor, and which he lauds as an "independent and excellent periodical," unmindful of the homely proverb about "self-praise."

It seems I was mistaken in supposing that Mr. Wilson was the author of the wonderful display of critical ability in the *Homœopathic Times*, though he feels himself flattered by my mistake. "He could not," he says, "pay me a greater compliment than to attribute that clever article to my pen." I am glad that my mistake has given him

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so much pleasure, but really the resemblance of the "review" to Mr. Wilson's acknowledged writings is so great, that it was scarcely possible to avoid attributing them to the same hand. Thus we find in the "review" a Scotch phrase, and Mr. Wilson is fond of using Scotch phrases, witness the passage where he informed your readers that my poor letter made him "greet." Then we have in the "review" a pointless joke (of about the same calibre as Mr. Wilson's standing joke about "Smell-fungus"), in which the famous Argyle scratching-posts are hopelessly confounded with a familiar and not over-delicate Scotch adage. Then there is in the "review" an amount of abusive language, which Mr. Wilson alone of all homœopathic writers has hitherto equalled. I give a few examples to shew the family likeness to Mr. Wilson's favourite expressions: "the most unblushing plagiarism" ("unblushing effrontery," which Mr. Wilson accuses me of in his last article, is a decided improvement on "unblushing plagiarism"), "unscrupulous and unacknowledged plagiarism" (one would think that plagiarism acknowledged ceases to be plagiarism), "downright literary larceny,' "unwarrantable proceedings," "borrowed plumes," "most unmeasured language," "a prurient desire on every occasion to disparage Hahnemann," "consequential author" ("presumptuous author" is Mr. Wilson's latest improvement on this phrase), "sickening displays of unmeasured ignorance and insolence," "insolent allusions of the vilest character," "dangerous wasps or prowlers in sheep's clothing" (a "wasp in sheep's clothing" is about the drollest notion I have ever encountered). Then we have in the "review" sentences displaying the most Wilsonic contempt of grammar and sense. A couple of specimens will suffice: "The book before us being so much calculated, through the author's almost total unacquaintance with the true spirit of homœo-

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pathy, and his advocacy of doctrines having a dangerous bearing, of which he seems to entertain no suspicion, that our readers must pardon us if we subject the work to a closer analysis than we generally bestow upon this sort of productions." Perhaps the effectiveness of this passage is enhanced by the author omitting to tell us what the book is "so *much* calculated" to do—the imagination of the reader will fill up the hiatus with something more ghastly and horrible than the reality. Again: "There is scarcely a distinguished man, either in America, Germany or France; nay, neither nook nor corner of the civilized world, where a homœopath is to be found, and who has ever ventured to open his lips, that does not meet with insolent allusions of the vilest character from an author that has bedecked himself with their plumes." A story is told of a Scotch minister, who being asked by one of his flock to explain some puzzling text of scripture, said: "Come to the kirk next Sabbath, and I'll explain it to ye in a way and in a manner ye shall neither be able to comprehend nor yet to understand." I feel precisely in the position of this worthy minister's hearer on reading this sentence. I cannot for the life of me make out what it means. By its construction the passage conveys the appalling intelligence that there is a great dearth of distinguished men in America, Germany and France, and that all the nooks and corners of the civilized world frequented by homœopaths addicted to opening their lips have met with insolent allusions,—but whose plumes has the author bedecked himself with? The pronoun in connexion with plumes is plural, but all the other parts of speech in the sentence are singular.—I give it up in despair.

The two Dromios, the Reviewer and Mr. Wilson, being so wonderfully alike in every single feature, I may be pardoned for having mistaken Dromio of Ephesus for Dromio of Syracuse. Mr. Wilson modestly disclaims the

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credit of the "review," but assures us "that clever notice" is the production of "a profound scholar and a German." I am of course delighted to learn that the review of my poor work was entrusted to "a profound scholar," though his profound scholarship seems to have led him down to the profoundest depths of bathos. Hear him as he commences his onslaught: "We hasten to a very disagreeable task, but duty demands that we buckle on the shield." That is the whole paragraph. Of course this "profound scholar" knows how his "disagreeable task" of abusing me and my book will be facilitated by buckling on a shield, to others not so profound this is not very apparent. May not the circumstance of his twice losing his breath, as he tells us, in the course of his first article, be owing to his having buckled on this useless armature somewhat too tightly? "A profound scholar and a German" to boot is the Reviewer. Perhaps his reputation for scholarship is derived from his accomplishments as a linguist, for what says Butler?

> "He that is but able to express
> No sense at all in several languages,
> Will pass for learneder than he that's known
> To speak the strongest reason in his own."

Mr. Wilson's friends generally seem rather weak in grammar and sense. "One of our foremost men," he says, thus writes to him: "I congratulate you most heartily, on the entirely successful issue of your controversy with the *British Journal of Homœopathy;* you have driven them [whom?] into a very sorry position when they *in Dudgeon* [why does not Mr. Wilson, who has taken such a serious turn on the subject of jokes, rebuke this "foremost man" for his silly pun on my name?] are forced to a letter [*sic!*] from him [whom?] which treats of everything but the question at issue, and

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in chagrin hides his head [who hides whose head?] under scurvy jokes." If my jokes, which I presume are here alluded to, are deemed by this "foremost man"—"scurvy," probably he would pronounce Mr. Wilson's one joke about "Smellfungus"—mouldy, and mayhap others might be inclined to call his own joke on my name, "not to put too fine a point on it"—vulgar. From this specimen it would appear that "one of our foremost men" goes head-foremost through the rules of good taste and grammar.

Though Mr. Wilson's "profound scholar," who is also "a German," denounces my *Lectures* as nothing but an "unblushing plagiarism" of Griesselich's work and "a sickening display of unmeasured ignorance and insolence;" others, perhaps as capable of judging, do not seem to have formed the same estimate of them. Thus, Dr. Hirschel, the editor of the *Neue Zeitschrift für hom. Klinik*, a German undoubtedly, and one well able to judge if my *Lectures* are a mere plagiarism of Griesselich, though whether he be "a profound scholar" in Mr. Wilson's sense of the term I am unable to say, writes as follows in the number of his Journal for 1st February of this year: "The first I shall cite is Dudgeon, the author of a larger work (*Lectures on the Theory and Practice of Homœopathy*, 1854), displaying great research and much critical acumen, which well deserves being translated into German."

Mr. Wilson informs us that the profound scholar's "clever notice" "disposed of Dr. Dudgeon almost entirely in the first paper." After being thus "almost entirely disposed of," I suppose I ought to feel grateful to the Reviewer's "benevolent friend, who besought him to modify his crushing castigation," whereupon, says Mr. Wilson, "the reviewer had compassion on the presumptuous author." What would have happened had he gone

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on I tremble to think. To be sure I was obtusely unconscious that I was receiving a "crushing castigation"; all the time I was enjoying the spectacle of a writer spluttering out the most extraordinary Billingsgate and the greatest nonsense I ever remember to have seen in print. Had I known that the writer was "a profound scholar" my enjoyment would have been much enhanced. I fear that in place of feeling grateful to the "benevolent friend" for his officious interference, I rather bear him a grudge for spoiling the fun. However, as Mr. Wilson has evidently formed his own style on that of the "profound scholar," as long as he can wield a pen, those who enjoy reading strong language will have their taste gratified to their heart's content. For my own part, as I consider an argument is rather weakened than strengthened by the employment of such abusive epithets as are largely distributed through Mr. Wilson's writings, and especially abound in his April missive, I must decline to engage him with such weapons. As Mr. Dickens's barber said, when he refused to shave a sweep: "we must draw the line somewhere."

I am quite content that my humble and perfectly disinterested efforts to assist the homœopathic student and practitioner should be abused and disparaged by Mr. Wilson, since he has afforded us the means of forming a precise estimate of the value of his opinion, inasmuch as he holds up to our admiration as "a profound scholar" the author of the unalloyed nonsense I have quoted, and reckons as "one of our foremost men" the writer of the amazing compound of vulgarity and bad grammar above cited. I rejoice to think that I am neither "a profound scholar" nor "a foremost man" of the sort admired by Mr. Wilson. Finally, I am unable to agree with him in thinking that to accuse a colleague who differs from him on matters where difference of opinion is admis-

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sible of "want of veracity," "unblushing effrontery," "falsification," "equivocation," and "oft-repeated malice," as Mr. Wilson does me in his last paper, is "to conduct the controversy in a gentlemanlike spirit," but I will leave it to others to characterize the spirit such a style of controversy displays.

I am, Sir, your obedient servant,

R. E. DUDGEON.

7th April, 1864.

ON THE MAGNITUDE OF A DROP OF LIQUID FORMED UNDER DIFFERENT CIRCUMSTANCES.

By T. TATE, Esq.*

PEOPLE generally, and medical men especially, speak of a drop of liquid as if it were some definite quantity, whereas, as the results of the following experiments show, its weight varies not only with the diameter of the tube in which it is formed, but also with the density, temperature, and chemical composition of the liquid. The particles of a liquid are retained in the form of a drop by the force of adhesion subsisting between these particles and the sides of the tube, or the substance on which the drop is formed; and opposed to this force is that of gravity and the cohesion amongst the particles of the liquid: when the drop attains a certain magnitude, the force of gravity, acting upen it, counterbalances that of adhesion, and then the liquid falls. Any change of conditions, therefore, affecting these forces must influence the magnitude of the drop. Under the same circumstances, the weight of a drop of liquid, as determined by experiment, is remarkably uniform, not varying in any case more than the hundredth

* *Phil. Mag.*, March 1864.

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part of itself. All substances capable of being wet by the liquid give a drop of the same magnitude.

Other things being the same, the weight of a drop of liquid is proportional to the diameter of the tube in which it is formed.

This remarkable law seems to be fairly established by the following results of experiment.

TABLE I.—Results of Experiment on the Weight of a drop of Water, formed in thin tubes of different diameters, at constant temperature 50°.

Diameter of tube, in inches. D.	Corresponding weight of drop, in grains, w.	Value of w by formula w=5·5 D.
·13	·78	·71
·25	1·36	1·37
·30	1·60	1·65
·39	2·10	2·14
·50	2·84	2·75
·56	3·00	3·08
·62	3·36	3·41

Here the near coincidence of the results in the second and third columns shows that the weight of the drop is in proportion to the diameter of the tube.

When the diameter of the tube exceeds seven-tenths of an inch, the continuity of the liquid seems to be broken by the agitation occasioned by the falling of the drop, and then the whole volume of the liquid in the tube falls, but not in the form of a regular drop.

The law just enunciated has a remarkable relation to that of capillarity. Since the height to which water rises in a tube, by the action of capillarity, varies inversely as the diameter of the tube, it follows that the weight of water rising in any tube from this cause varies directly as the diameter: hence *the weight of the drop is in propor-*

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tion to the weight of water which would be raised to that tube by capillary action.

When the liquid drop is formed upon a flat circular surface, the law expressing its weight assumes a more general form. In this case it was found that the augmentations of weight were in proportion to the diameters of the circular surfaces. In these experiments, the surface on which the drop was formed was the horizontal base of a solid cylinder of hard wood, the liquid being conveyed by the calico strip uniformly over the exterior surface.

TABLE II.—Results of Experiments on the Weight of a drop of Water, formed on circular surfaces of different diameters, at constant temperature 50°.

Diameter of surface, in inches, D.	Corresponding weight of drop, in grains, w.	Value of w by formula w=·22+2·7 D.
·1	·41	·49
·2	·76	·76
·3	1·10	1·03
·4	1·32	1·30
·5	1·56	1·57
·6	1·78	1·84
·7	2·15	2·11

Here the near coincidence of the results in the second and third columns shows that the formula $w = \cdot 22 + 2 \cdot 7\ D$ very nearly expresses the weights of the drops: from this formula it follows that *the augmentations of weight are in proportion to the diameters of the surfaces on which the drops are formed.*

The drop given off from the circular surface whose diameter is seven-tenths of an inch is the greatest that can be formed in this manner, as will appear from the result of the following experiment.

A circular horizontal surface of indefinite diameter gave a drop of water weighing 2·10 grains. This is therefore the weight of the maximum drop formed on a flat surface,

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and it will be seen that it very nearly coincides with the weight of the drop formed upon a surface seven-tenths of an inch diameter. The drop in this case is always formed at the centre of the surface, this being the centre of the greatest molecular attraction amongst the liquid particles.

It will be observed that the drop formed in this manner is considerably less than that which is formed in the tubes, the reason of which is too apparent to require any explanation.

The weight of a drop of liquid, other things being the same, is diminished by an augmentation of temperature. With a tube ·3 inch diameter, the weight of a drop of water at 40° F. was found to be 1·65 grain; whereas at 150° it was found to be only 1·45 grain, that is, the decrement of weight due to 110° was one-fifth of a grain; and so on to other temperatures. The decrements of weight due to the temperature T were found to be closely expressed by the formula ·0018 (T—40); so that the weight of a drop of water, at different temperatures, formed in a thin tube of D diameter will be expressed by the formula

$$w = \{5{\cdot}5 - {\cdot}006\ (T - 40)\}D.$$

Independently of density, the chemical composition of a liquid affects the weight of its drop in a remarkable manner. Most acids, alkalies, and alkaline salts diminish the weight of the drop. A little potassa added to distilled water sensibly reduces the weight of the drop. Strong sulphuric acid, having a density about 1¾ times that of water, under the same circumstances gives a drop considerably less than that of water. Nitric acid, with a density about 1½ times that of water, gives a drop of about four-fifths of that of water. Spirits of wine, having a specific gravity of ·957, gave a drop of only about one-half of that of water; and this spirit, diluted with sixteen

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parts of water, making its density very little less than that of water, gave a drop weighing less than six-sevenths of that of pure water. Olive oil, having a specific gravity of ·9176, gave a drop of only about one-half of that of water. Liquids having a low degree of fluidity and a high cohesive attraction amongst their particles, such as molasses, solutions of soap, starch, &c., all give drops considerably less than that of water. Hence it appears that where the molecular force of cohesion is greatest, *cæteris paribus*, the weight of the drop is least, and conversely.

The weight of the drop of pure water being 2·84 grains, the weights of a drop of the following solutions, having the same specific gravity, viz. 1·190, were found to be,—chloride of sodium, 3·30 grains; solution of sugar, 3·06 grains; carbonate of soda, 3·00 grains; sulphate of magnesia, 2·97 grains; nitric acid, 2·58 grains; sulphuric acid, 2·30 grains.

In different solutions of chloride of sodium (and other neutral salts) *the increment or augmentation in the weight of the drop is in proportion to the weight of the dry salt in solution.*

TABLE III.—Results of Experiment on the Weight of a drop of different solutions of Chloride of Sodium at constant temperature 50°.

Per cent. of salt in solution, r.	Corresponding weight of drop, in grains, w.	Value of w by formula $w=2{\cdot}84+{\cdot}0135r$.
0	2·84	2·84
8·5	2·93	2·95
17	3·07	3·07
34	3·30	3·30

The coincidence between the results in the second and third columns confirms the law above enunciated.

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ABSTRACT OF MR. MOORE'S PAPER ON THE TREATMENT OF DIPHTHERIA.

Read before the Liverpool Homœopathic Medico-Chirurgical Society, March 2nd, 1864.

He remarked that from the many laboured descriptions of this disease that have been given during the last seven years, it ought not now to be mistaken, its distinguishing characteristic being so apparent, viz., the formation of a yellow or whitish yellow or grey coating or membrane on the mucous lining of one or more of the following parts, viz., fauces, tonsils, uvula, velum, and pharynx.

It is epidemic and contagious, and though it resembles scarlatina a good deal, still there are marked differences in its symptoms and course.

When there is an eruption present it is specially on the hands and feet in diphtheria, but on the body in scarlatina; in diphtheria the urine is albuminous throughout, whilst in scarlatina only after desquamation has set in; it sets in with rigors and vomiting, and lasts from five to twenty one days; and when fatal, induces death by plugging up the larynx, or pharynx; or, in delicate subjects, by exhaustion, before these have had time to occur by the blood poisoning, or the arresting of the heart's action.

It occurs either as a febrile disease with a pulse from 140 to 200, or as a non-febrile with a pulse from 80 to 90. Its cause is an impure, or low ozonized state of the air: and its mortality is from a quarter to half of those attacked with the febrile form.

The treatment may be divided into internal, topical, dietetic, and surgical.

Internal: as in scarlatina, the affection of the throat points out the class of medicines, which are, ***aconite, belladonna, iodine, bromine, biniodide of mercury, rhus tox., cantharis, ammonia, bichromate of potash.***

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Dietetic: good food and stimulants.

Topical: caustic, glycerine, muriatic acid, tincture of muriate of iron.

Surgical: tracheotomy.

Mr. Moore relied chiefly on *belladonna* and *mercurius biniodatus*, or *ammonium, causticum, cantharis, carbo vegetabilis*, with *muriatic acid* gargle. He gave three illustrative cases: one of apparent relapse after two days, having been apparently cured in eight days with *aconite* and *merc. biniod.* without stimulants, and finally cured in five days under *iodinium* ♀ and *merc. sol.* with stimulants and *muriatic acid* gargle. The second case was a lady's maid in a house where the children had had scarlatina, cured in seven days under *bell., merc. biniod.*, stimulants, and *muriatic acid* gargle, and touching with solid *caustic.* The third case, in the same house, began as ordinary sore throat with boggy tonsils, which were lanced, and discharged more blood than pus; afterwards true diphtheria evidenced itself, and gave way under *bell.* and *merc. biniod.*, with stimulants and the acid gargle.

Though he had not had any experience of tracheotomy in this disease, still he believed it would save life in some cases, where there was plugging up of the larynx.

He then read a letter on the subject from Dr. Wright of Birkenhead, advocating similar views, and mentioning that he uses *kali bichrom.* in ointment where the nares are much implicated, and *nux vomica* where the stomach is affected; and that experience had convinced him that stimulants were injurious, and sometimes produced the gastric irritation which carried the patient off.

Dr. Stokes gives *acon.* to subdue the fever, then *iodinium* ♀ and stimulants.

Dr. Simmons relied on *bell.* A, *brom. 2*, ice and good food, and the local application of tincture of *muriate of iron.*

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TREATMENT OF DIPHTHERIA.

Mr. Willans relied on *merc. biniod.*, and stimulants, and good food.

Mr. Hudson was highly pleased with the essay, but had had no experience of the disease.

Mr. Geoghigan had not had occasion to treat the disease homœopathically.

Dr. Hayward agreed with Mr. Moore that it was a contagious fever much of the nature of scarlet fever, but that it differed from it from the outset in the eruption, in the condition of the throat, in the character of the fever, and in the treatment required: that in scarlet fever the rash was always present, and was of a smooth, lobster-like appearance; whereas in diphtheria it was frequently absent, and when present was a rough, brown, miliary eruption. The first symptoms in diphtheria were generally a lancinating headache, with rigors down the back, aching in the limbs, extreme prostration, and very quick and small pulse: then a feeling of something wrong in the throat, with dryness and desire to swallow, swallowing becoming painful; and on examination on one of the tonsils would be seen the characteristic exudation sometimes only in small spots, which quickly increase in number and coalesce into a continuous membrane.

The fever was more typhoid and rheumatic than in scarlatina; indicating much more distinctly *rhus tox.* than *bell.* as the provings would show; he thought the provings of *bell.* did not all indicate it for this disease, nor had he found it of much service. *Acon.* and *rhus.* were plainly indicated; and in practice he had found them very useful for the general symptoms; to meet the throat symptoms more decidedly he gave *iodine*, or *biniodide of mercury*, or *tartar emetic*, and he had seen a great number of cases yield beautifully to these remedies.

He thought local remedies not called for, inasmuch as the local effect was secondary, and only the external

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manifestation of the internal disease, and which would pass away under the use of the specific medicine. He agreed with Dr. Wright's remarks on stimulants; and he objected to tracheotomy, because in cases so far advanced as to require it to carry on respiration the system was too much poisoned to admit of recovery. As to relapse in the case mentioned he was of opinion that it was rather an imperfectly cured case in the first instance.

Dr. Drysdale said he did not consider diphtheria a separate disease, but rather a complication of other diseases, especially those of the throat, as *purpura miliaris, scarlatina, croup, tonsilitis*, &c.; that it becomes implanted on these diseases and complicates and renders them more dangerous and fatal, and calls for different treatment; under such circumstances he gives *cantharis, rhus tox.*, or *apis mel.*; he has no confidence in *iodine*, or *biniodide of mercury*, and certainly none in *caustic ammonia*, indeed they are not in accordance with the law of "*similia*;" and he objects to the use of stimulants before the disease is controlled by the specific medicine, even notwithstanding the extreme prostration, and the pulse upwards of 150, because these are the results of the oppressing influence of the diphtherial poison, which would be removed by the specific medicine, but only increased by stimulants previous to the influence of the medicine; neither has he much confidence in topical remedies, because of the constitutional nature of the disease; and he objects to gargles because the acts of gargling and swallowing tend to aggravate the inflamed state of the parts, which should be left quiet. He thought the pustules or spots on the tonsils spoken of by Dr. Hayward not necessarily diphtherial but only suppuration of the tonsillar glands.

Mr. Tucker mentioned a case of a boy who became infected with what he took to be scarlatina, from merely

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taking ice to a house in which were patients with diphtheria, having a miliary eruption. The case was mild and recovered under the usual treatment.

GRAVE RESULTS FROM LITTLE CAUSES.

"Sometimes the faculty, by a slip, give testimony of a very logical character against their own doctrines and in favour of others who hold them not in too much reverence; for instance, Dr. Lankester gave an astounding testimony the other day to the correctness of the homœopathic theory of infinitesimal doses by declaring to a jury, astonished that death had been produced by the fortieth part of a grain of morphia, that he had known the case of an infant's death being caused by the 180th part of a grain. We are happy to be able to fling this 180th part of a grain of discord in among the faculty, and hope that it may work potently, and produce a learned fight between the homœopathists and the regulars; for, to paraphrase the saying about the differences of lawyers, and about honest men getting their rights—when doctors differ patients are likely to have the truth."—*The Court Journal*, March 5th.

OBITUARY.

DR. JOHN M'GILCHRIST.

We regret to have to announce the death, somewhat suddenly, from "softened heart," of Dr. John M'Gilchrist of Edinburgh. His many excellent papers in the *British Journal of Homœopathy*, have rendered his name familiar in the Homœopathic world.

DISPENSARY REPORTS.

CHELTENHAM HOMŒOPATHIC DISPENSARY.

The Eighth Annual Committee Meeting of the above was held at the Dispensary on the 13th inst., present, H. S. Mercer, Esq., Chairman; Gen^{l}· Bell; W. Burrell, Esq., retired surgeon; Jas. Greenfield, Esq., J.P.; Dr. Hastings, and Dr. Gwillim.

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DISPENSARY REPORTS.

The Report of the Medical Officers, Drs. Hastings and Gwillim, stated that during the past year 603 patients had been admitted, of whom 411 had been cured, 150 relieved, 5 derived no benefit, 2 died, and 35 were still under treatment.

The liberal manner in which the Dispensary is supported, leaves a balance for the current year of £91 3s. 10d., which sum the Committee, in accordance with a previous resolution, equally divided between the Medical Officers for their services.

After the reading of the Report, the Committee passed the following resolution:—

"In adopting the foregoing Report of the Medical Officers of the Dispensary, the Committee have much satisfaction in calling the attention of the subscribers and the public in general to the extension and increasing usefulness of the Institution, and beg to direct especial attention to the case of the patient Parks,* narrated in the Report, which, together with the comparison therein recorded of deaths and cases, prove incontestably the efficacy of homœopathy."

During the year, the cost of the medicine for these 603 patients has only been £4; and when it is seen that 561 of these patients have either been cured or relieved, it proves to demonstration that neither much nor expensive medicine is required to be administered to cure disease—only about *three-halfpence* worth of medicine for each patient! When will allopathic patients cease making a chemist's shop of their stomachs?

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION, Bagnall Street, Hanley.

Physician—GEORGE MOORE, M.D.

Chemists—J. B. ROWLEY & Co. *Hon. Sec.*—E. PAMPHILON, Esq.

Report for Month ending March 1864.

Old patients attending	654
New ditto admitted	79
Total	733

* This case shall be sent, when time permits, for publication in the *Homœopathic Review.*

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DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c.
Evan Fraser, Esq., L.R.C.S. Edin.
Treasurer—John Skilbeck, Esq.
Honorary Secretary—John L. Seaton, Esq.
Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of February	576
Paying 1s. 6d. per month	445
On Subscribers' recommendations	131
Discharged cured	58
Relieved	9
Ceased attending; result unknown	22
Still under treatment	245
Visited during the month	7

BIRMINGHAM HOMŒOPATHIC HOSPITAL AND DISPENSARY, Old Square.

Honorary Medical Officers—
Mr. J. Lawrence, M.R.C.S. J. Gibbs Blake, M.D.
Mr. H. Robertson, M.S.A.
House Surgeon—Mr. Henry St. Clair Massiah.
Honorary Secretary—Mr. Charles Corfield.
Chemist—Mr. Charles Corfield, 27, Bennett's-hill.

Extract from the Report for 1864.

The Board of Management have much satisfaction in reporting to the Governors and Subscribers that more patients have been admitted into the Hospital than in former years, that the medical staff has been increased, and that many fresh subscriptions have been added to the last.

A reference to Table I. will show that 59 *in*-patients have been under treatment this year in the Hospital, being an increase of 16. Of these 59 patients, 40 have been cured or very much relieved, 9 were relieved, 3 unrelieved, 2 died, and 5 remain in the Hospital. The patients very much relieved are those who leave the Hospital convalescent, and in many cases, are completely cured as *out*-patients; they will be found separated from the cured in Table II. *One death* was caused by phthisis, and the other by scarlet fever with old standing heart disease, and took place a few hours after admission. The number of out-

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DISPENSARY REPORTS.

patients prescribed for was 13,554, and 946 visits were paid to patients at their own homes.

TABLE I.

Cured or very much relieved	40
Relieved	9
Unrelieved	3
Died	2
Now in Hospital	5

TABLE II.

	Cured.	Much Relieved.	Relieved.	Unrelieved.	Died.	Under Treatment.	Total.
I.—*Zymotic or Contagious Diseases:*							
Measles	1	..	..	..	..	..	1
Scarlet fever, with chronic Heart disease	..	..	..	..	1	..	1
Febricula	1	..	..	..	..	..	1
II. *Sporadic or Non-Contagious Diseases:*							
a.—Anasarca	1	..	..	..	..	..	1
b.—Phthisis	..	1	1	1	1	..	4
c.—Epilepsy	..	..	1	..	..	..	1
Caries of Spine	..	..	..	1	..	..	1
Paralysis	..	..	1	..	..	..	1
Otitis	..	..	1	..	..	..	1
d.—Disease of Heart	..	1	..	1	..	..	2
e.—Bronchitis	5	1	..	..	..	..	6
Ditto Chronic	..	1	..	..	..	..	1
Pneumonia, Chronic	..	1	..	..	..	..	1
f.—Diarrhœa, Chronic	..	1	..	..	..	..	1
Dysentery	1	..	..	..	..	..	1
Gastritis, Chronic	1	..	..	..	..	..	1
Hæmorrhoids	2	..	..	..	..	..	2
Carcinoma Recti	..	..	..	..	..	1	1
g.—Diabetes Mellitus	..	..	..	..	..	1	1
Morbus Brightii	..	1	..	..	..	..	1
h.—Amenorrhœa	1	..	.	..	..	..	1
Hysteria	1	..	..	..	..	..	1
Ulceration of Cervix Uteri	..	2	..	..	..	..	2
Ovarian Tumour	..	..	1	..	..	..	1
Polypus Uteri	..	1	..	..	..	..	1
Carcinoma Uteri	..	..	1	..	..	..	1
i.—Rheumatism	4	1	..	..	..	1	6
Ditto Chronic	..	2	..	..	..	1	3
j.—Ophthalmia, Chronic	..	1	1	..	..	..	2
k.—Ulceration of Leg	2	3	1	..	..	..	6
Abscess in Thigh	1	..	..	..	..	..	1
Disease of Shoulder Joint	..	1	..	..	..	..	1
Ditto of Foot	1	..	..	..	..	1	2
Ditto of Face	..	..	1	..	..	..	1
Total	22	18	9	3	2	5	59

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DISPENSARY REPORTS.

CAMBRIDGESHIRE HOMŒOPATHIC DISPENSARY.

Physician—Dr. BAYES, 36, Sidney Street.
Surgeon—WM. FREEMAN, Esq., 2, Green Street.
Chemist—T. R. BRYANT, 19, Market Street.

Extract from the Report for 1864.

The Cambridgeshire Dispensary has completed its fourth year. During the past year 901 cases have been treated at the Dispensary, of which 787 have been new cases, and 114 were cases remaining from the previous year. Of these 901 cases, 521 have been cured, 210 relieved, in 76 cases the result is unknown, 8 have died, and there remain 86 still upon the books.

In the past four years the Dispensary has afforded relief to 3813 of the sick poor of Cambridge and its vicinity,—a number showing a large degree of usefulness on the part of this Institution. The number of the patients has slightly diminished during the past year, 787 having been relieved in 1863, while 858 were relieved in 1862. This diminution arises from two causes: Firstly, from our greater strictness in insisting on the presentation of letters of recommendation, and secondly, from the fact that many of the chronic cases have been cured, or so greatly relieved that the patients have not found it necessary to continue their attendance. In addition to the patients seen at the Dispensary, the Surgeon, Mr. Freeman, has paid 614 visits to patients at their own homes during the year.

The 8 deaths reported were as follows:

T. M.	æt.	74	 Old age.
M. H.	„	63	 Heart disease and dropsy.
W. F.	„	26	 Phthisis.
P. D.	„	10	 Scrofula.
W. P.	„	23	 Phthisis.
J. H.	„	41	 Phthisis.
E. J. V.	„	3 months	Acute meningitis.
F. F.	„	20	 Diphtheria.

The Committee have great pleasure in recording their thanks to Miss Cotton for her most liberal donation of £25 to the general funds of the Dispensary, and also to Miss Alice Haslop, for her very handsome contribution of £17 12, the product of a private Bazaar.

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DISPENSARY REPORTS.

BRIGHTON HOMŒOPATHIC DISPENSARY,

6, Prince Albert Street.

WESTERN BRANCH—7, Osborne Street, Cliftonville.

Medical Officer—Dr. RICHARD HUGHES, L.R.C.P. & M.R.C.S.L.

Secretary—Captain HENRY JAMES, R.N.

Chemist—Mr. JOHN OCKENDEN, 6, Prince Albert Street.

Number of patients prescribed for during the Quarter ending March, 1864, at the Dispensary, Prince Albert Street:—

January	904
February	985
March	1178
	2067
Ditto at Branch Dispensary, Osborne Street, Cliftonville...	22
Total	2089

Number of patients	2089
Paying 1s. a month	680
Admitted on Subscriber's recommendation	139
Visited during the Quarter at their own homes...	1239

EXETER HOMŒOPATHIC DISPENSARY,

Queen Street.

Medical Officer's Report.

Number of patients admitted from January 1, 1863, to January 1, 1864	802
Remaining on the books from former year	57
	859

	1861.	1862.	1863.
Cured	380	249	411
Improved		254	245
No report	87	60	80
No change	64	43	39
Dead	4	1	5
Remaining on books	66	57	79
	601	664	859

(Signed) BOUGHTON KINGDON.

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DISPENSARY REPORTS.

NORTH WILTS HOMŒOPATHIC DISPENSARY, DEVIZES.

Physician—C. H. Marston, Esq., M.D., L.R.C.P. Ed., M.R.C.S. Eng.

Dispenser—Mr. J. C. Madge, 36, New Park Street.

Honorary Secretary and Treasurer—Mr. C. Sloper, 14, Brittox, Devizes.

Extract from the Report for 1864.

The Dispensary was first opened in March, 1861, as a branch of the Bath and Wilts Homœopathic Hospital and Dispensaries, since which time 850 patients have attended; of this number more than 700 *are known* to have been cured or greatly relieved.

The late unhappy disagreement between the Medical Officers of the Bath Homœopathic Hospital precipitated an event which had previously been all but decided upon, viz., the establishment of our Institution upon an independent footing. This left us at liberty still more fully to develope the liberal principles upon which the practice of the Dispensary has been conducted, and which have been especially assailed in the attack made upon Dr. MacLimont by one of his colleagues in the Bath Homœopathic Hospital. Our Dispensary is established, not for the sake of a medical creed, but for the relief of the sick poor, and while we cordially accept for the basis of our treatment all that homœopathy so bountifully affords us, as a means to that end, we should feel it inconsistent with our duty were we to suffer ourselves to be so influenced by bigotry or party feeling, as to refuse to avail ourselves of any other means beyond the limits of homœopathy with which the present advance of medical science may be able to furnish us.

We append a summary of the year's attendance; and a tabular view of diseases treated during the past year.

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DISPENSARY REPORTS.

Patients under treatment at last Report.....	91
„ received during 1863.....	249
	340
Patients dismissed cured.....	161
„ „ relieved.....	45
„ „ unrelieved	12
„ died	10
„ unreported	48
	276
„ at present under treatment	64
	340

	Total.	Cured.	Relieved.	Unrelieved.	Died.	Unreported	Under Treament.
Abscess	8	5	1	..	..	1	1
Cancer and Cancerous Diseases ..	8	3	1	..	..	..	4
Ulcers	9	5	1	..	..	2	1
Tumours, External	13	6	2	..	..	2	3
Tumours and Abscesses, Internal ..	6	..	1	..	..	..	5
Dropsy	3	2	..	..	..	1	..
Scrofula	12	10	..	..	..	1	1
Phthisis (Consumption)	27	2	9	4	3	6	3
Paralysis	6	..	3	1	..	1	1
Epilepsy	10	4	..	1	..	2	3
Other Diseases of the Brain, Spinal Marrow and Nerves	30	12	3	3	1	5	6
Diseases of the Heart	20	5	6	3	2	4	..
„ of Organs of Respiration ..	26	12	4	..	1	5	4
„ of Stomach, Liver and Organs of Digestion	47	30	3	..	..	7	7
„ „ Kidneys, Bladder, &c.	15	6	2	..	2	..	5
„ of Females	25	12	3	..	1	2	7
„ of Bones and Joints ..	13	4	2	..	..	2	5
Rheumatism, &c.	9	5	2	..	..	2	..
Diseases of the Eye, Ear, &c. ..	16	8	2	..	..	2	4
„ Skin and Mucous Membrane	30	23	..	..	..	3	4
„ not included in the above Classification	7	7	..	..	..	..	..
	340	161	45	12	10	48	64

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DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Consulting Physician—Dr. Drysdale.
Consulting Surgeons—John Moore, Esq., and Dr. Roche.
Consulting Physician for Cheshire—Dr. Wright.
Physician—Dr. Blumberg.
Surgeons—Dr. Hayward, T. H. Willans, Esq., and E. L. Hudson, Esq.
Honorary Dentist—H. C. Quinby, Esq.
House Surgeon—F. J. Tucker, Esq.
Non-Resident Stipendiary Physician—Dr. Simmons.
Chemists—Messrs. Thompson & Capper.

The number of patients prescribed for at this Institution during the month of February was as follows:—

New patients	608
Old „	1914
Total	2522
The number of visits paid (old)	345
The number of new patients visited	80
Total	2947

The number of patients prescribed for at this Institution during the month of March was as follows:—

New patients	709
Old „	2120
Total	2829
The number of visits paid (old)	343
The number of new patients visited	81
Total	3253

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THE MONTHLY

HOMŒOPATHIC REVIEW.

OBSERVATIONS ON THE TREATMENT OF FEVERS.

By John Anderson, M.D., M.R.C.S.

(Continued from page 216.)

Continuing the remarks on the treatment of rheumatic fever, the remedies *bryonia, rhus, mercurius* and *pulsatilla* have now to be individually considered; and it will be found that each of these medicines has its own well-marked symptoms and indications, as evidenced by the following provings, viz.:—

(*a*) *Bryonia.*—"Nervous lacerating in the arm from above downward, pain as if sprained in the joint on raising the arm, shining red, rheumatic swelling of the joint and upper arm with stitches, lacerating and tension on moving the parts; swelling of the elbow joint; pain in the wrist joint as if strained or sprained when it is moved; feeling of lameness in the fingers; stitches in the hips like cuttings as with knives; lancination from the hip or buttock to the knee and feet, also attended with general sweat and intolerance of contact or movement; rigidity of the thighs like cramp early in the morning in bed; tensive, painful swelling of the knees, rheumatic shining red swelling with stitches; pain as if bruised in the leg; lancinations and tensions particularly in the calves, or from

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the feet to the bends of the knees, also with shining red swelling, pain as if sprained or strained in the feet; stitches in the feet particularly at night or early in the morning with tension and stinging in the joints; arthritic swelling of the feet."

(β) *Rhus.*—"Lacerating and burning in the shoulder with lameness of the arm particularly during cold weather, rest and in bed; violent lacerating pain in the arm most violent during rest; drawing and lacerating from the elbow to the wrist-joint; lacerating in the joints of all the fingers; aching pain in both hip-joints at every step; stiffness of the lower limbs particularly of the knees and feet; pain as if sprained in the joints; drawing and lacerating from the knee to the tarsal joint."

(γ) *Mercurius.*—"Arthritic pains in the joints and limbs, particularly at night with copious sweats which do not afford any relief; aching of the bones when sitting, lying, walking or standing; almost uninterrupted pain in the joints as if sprained, compressed and broken at the same time; lacerating in the shoulder-joint, the humeri and wrist-joint particularly at night and when moving the parts; red, violent, hot swelling of the elbows extending as far as the hands, burning and lacerating with formication; painful weariness in the bones of the forearm, painful stiffness of the wrist-joint; contraction of the fingers of both hands; lacerating in the hip-joint, in the knee and in the femora particularly at night and during motion; lacerating in the knee-joints with pain as if broken when lying; boring, drawing pain in the tibiæ; cramplike contraction of the toes."

(δ) *Pulsatilla.*—"Stinging, drawing in the limbs, particularly the joints which feel painful as if bruised when touched; erratic pains rapidly shifting from one part to another, also with swelling and redness in the joints, pain in the shoulder-joint resembling a cramp-pain and heavi-

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ness; drawing pains, coming on in short lasting paroxysms extending from the shoulder to the wrist-joint; pain as if bruised in the elbow-joint; lacerating drawing pain in the arm, especially in the fingers at night; painful stiffness in the wrist-joint when moving it, and as if the hand were sprained or strained; pain in the hip-joint as if dislocated; inability to move the affected lower limbs at night on account of a bruised pain; lacerating pains in the knees like jerks; acute drawing in the legs as far as the knees; red, hot swelling of the feet with a tensive burning pain."

It should be remarked also, that in addition to these special local symptoms, each of these four medicines, especially *bryonia* and *rhus*, has symptoms in its provings fully applicable to the acute inflammatory and febrile condition of the system which always exists in rheumatic fever, viz., hot skin, full and quick pulse, coated tongue, &c.

It has been the writer's practice in the treatment of several severe cases of this painful and protracted malady, to use these medicines chiefly in the 3rd decimal dilution, occasionally in the 1st or 2nd dilutions, and in alternation with *aconite* at the commencement of the attack. Sometimes he has found it useful to administer *bryonia* and *rhus* in alternation, and occasionally *mercurius* or *pulsatilla* in place of either of the former remedies, according to indications that may arise, or more especially from the failure of any one given medicine to afford relief. Scarcely any pain is so intractable as that accompanying rheumatic fever: the patient becomes restless and wearied with the continued suffering; the physician is often fairly puzzled to know how to afford relief; and it must be confessed that even under homœopathic treatment, this disease runs on too frequently its lengthened course. It will be found very important to attend to the special indications for the respective medicines, for by so doing, relief will often be

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afforded most unexpectedly. For example, *bryonia* will be found most useful when there is a decided aggravation of the symptoms at night and on movement, but amelioration by rest, also if the tissues of the heart be affected; *rhus* when there is aggravation of the pains during rest and in cold weather, with paralytic stiffness and rigidity; *mercurius* when the pains are of a dull, gnawing, aching character, aggravated by damp weather and accompanied by profuse perspiration; *pulsatilla* when the patient is of the female sex, and the pains are of an erratic character, rapidly shifting from one part to another, and are somewhat relieved by movement.

The symptoms of rheumatic fever are generally so well marked and so easily recognized, and the cases resemble each other so closely, that it is scarcely necessary to give more than a very few illustrations in detail.

Miss R., æt. 16, had been suffering for some days from a severe attack of acute rheumatic fever; the parts affected were the left hip, the right thigh and leg and both the feet, also both the elbows and hands; the pains were very severe, pulse quick, tongue coated, thirst, slight delirium, palpitation of the heart. *Bryonia* was given every three hours, and for the next four days there was gradual improvement, when she brought up a quantity of bright red blood, some in long, stringy clots appearing to come from the throat and posterior nares. She then had *arnica* in alternation with *bryonia* every three hours. In two days she was considerably improved, the pains were less, the hæmorrhage ceased. *Bryonia* was then given alone, but in eight days after a relapse occurred owing to her prematurely sitting up and taking fresh cold. *Pulsatilla* was then administered every four hours, and in three days there was considerable improvement in every respect, the pulse was quiet, the skin cool, the tongue clean, and she was able to move her limbs; there was

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however considerable palpitation of the heart, especially when lying on the left side. The *pulsatilla* was continued and in four days she was quite convalescent, the palpitation gradually disappeared; she continued to gain strength, the catamenia appeared which had been suppressed for some weeks, and in about five weeks from the first date of the writer's attendance upon her, she walked a short distance to report herself quite well.

Mrs. M. æt. 39, has been ill for a fortnight with acute rheumatic fever, and has kept her bed entirely for the last seven days. All the joints are affected, but especially the wrists and hands, the pains in which are intolerable; pulse 100; she had a similar attack nine years previously. After some doses of *aconite* to allay the great vascular excitement, *bryonia* and *rhus* were given in alternation for two days, but with no manifest improvement. *Aconite* and *bryonia* in alternation were then administered for three days, but the pains continued very severe both in the joints and in the muscles. *Mercurius corrosivus* in the second dilution was then given, and to this medicine the pains gradually yielded; the improvement continued up to the twenty-second day, when a relapse took place presenting many symptoms of a more decidedly gouty character, for which *colchicum* in the first dilution was given; in four days she was much better, and eventually she recovered, though but slowly.

A lady of middle age having recently entered a new and somewhat unfinished house by the sea-side, was seized rather suddenly with most excruciating pain in the left arm. The elbow and wrist joints were principally affected; the constitutional symptoms were not very marked, but the pains were very severe and continuous. *Bryonia* and *rhus* afforded little or no relief; *aconite* did a little good, but *mercurius* steadily persevered in caused the pains to abate, and in about fourteen days she was

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well. It is very possible that this attack was caused by the extremely humid state of the atmosphere which then prevailed, and the damp generated in a new and hardly finished house; and these indications, coupled with the failure of the other remedies, led to the administration of the *mercurius*, which was happily successful.

The following case is mentioned solely on account of the constitutional fever attendant on the acute rheumatism being of the typhoid type, a somewhat unusual circumstance, at least as far as the writer's experience goes, for he never remembers to have seen but this one case in which the accompanying fever was not of the inflammatory but of the lower adynamic character. Mrs. F., æt. 56, was suffering from a severe attack of acute rheumatism, especially in the joints of the upper extremities; there was great abdominal tension and tenderness, tongue dry, pulse 100, vital power low and prostrate, in fact the typhoid state. The remedies administered were *aconite, bryonia, rhus, belladonna* and *arsenicum;* the case was a protracted and anxious one, but the patient eventually recovered completely.

3. *Puerperal Fever.*—Without entering into any discussion as to the special pathological characteristics of this formidable disease, it may be described as an inflammatory fever with an acute local inflammation, and that generally of the peritoneum, especially that part of it which covers the uterus and its appendages. There are also strong reasons for supposing that this local inflammatory disease is especially of the erysipelatous type, and if so, it would more fully justify the use of *belladonna* in its treatment. Note the provings of *belladonna* in reference thereto, viz.: "Burning in the abdomen, digging pains in the abdomen; contraction of the abdomen around the umbilicus, as if a ball or lump would form; contractive dragging in the umbilical region; violent incisive pressure

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in the hypogastrium here and there; painfulness of the abdomen to contact; deficiency of milk; deficient lochia." It is also worthy of remark that *aconite* has some special symptoms to justify its use in alternation with *belladonna*, independently of its applicability to purely inflammatory fever, viz.: "Burning, pinching and griping in the umbilical region; drawing pains in the abdomen; the abdomen is sensitive to the touch; intense burning and lacerating pains in the umbilical region becoming intolerable to pressure, with distension of the abdomen, paroxysms of anguish, frequent hiccough, constipation; the abdomen is swollen and distended as in dropsy." It is well known that under allopathic treatment, the means used in cases of puerperal fever are very severe, viz., blood-letting, calomel and opium, with various enemata; and in one very critical case that occurred some years back, the writer himself used these severe measures to their fullest extent, eventually with success, but the duration of the disease was very protracted and the sufferings of the patient were very great. The case was one of laborious labour, malposition, impaction, craniotomy, and subsequently puerperal fever of the most acute kind, all the concomitant symptoms of which were well marked, pulse 140. The patient was young in years, of short stature and of plethoric temperament, and these formidable inflammatory symptoms set in two days after the delivery of this her first child. Relief was afforded by the application of twenty-five leeches to the abdomen, free purgation, and the administration of mercury. Three days afterwards the inflammatory symptoms returned, pulse 150; twenty leeches were applied. Five days after, another relapse took place, pulse 160; twenty-five leeches were applied. Six days after, a third relapse occurred, and twelve leeches were applied; and again, two days afterwards, a fourth relapse of severe pain, without much

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constitutional disturbance. In connexion with all these formidable symptoms there was partial rupture of the perinæum, a large slough in the perinæal region, and the soft parts internally were violently inflamed; there was also sloughing of the throat and fauces. This will at once be recognised as a most formidable case; and although the patient ultimately did well, without the slightest lesion of any part, yet the writer cannot but feel how much suffering to the patient and anxiety to himself might have been spared, had the treatment by homœopathy been pursued. As it was, he used, by the advice of a medical relative (recently converted to homœopathy, after forty years' practice of allopathy), the *arnica* lotion locally to the bruised parts; and to the benign action of this valuable drug he mainly attributes the successful healing of all the dangerous lesions that took place. It is rather singular, that whilst this case was nearly the last serious one treated by the writer allopathically, the very first serious one he was called upon to treat homœopathically was also one of puerperal fever, but, happily, without all the complications of the abovementioned case. The patient was a lady of middle age, and the symptoms were well marked and very severe: great vascular excitement, hot skin, quick pulse, great tenderness and pain in the umbilical and hypogastric regions with distension, suppression of the lochia, &c. The treatment consisted of *aconite* and *belladonna* in alternation, afterwards *belladonna* alone, and in a short time recovery took place. The result of this last case, together with that recorded at page 20, would quite justify the expectation that the treatment by blood-letting with one hundred leeches, purgation and mercury, just described, might have been both successfully and advantageously superseded by *aconite* and *belladonna*,—in fact, it is the writer's candid belief that the case altogether would neither have been so formidable nor

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so protracted had the treatment by homœopathy been vigorously pursued from the first.

4. *Brain Fever.*—This designation is rather used in its popular sense, and cannot be said to be strictly or scientifically correct. It is, in fact, a continued fever partaking rather of the adynamic type with an inflammatory complication of the brain and its membranes, such inflammation being so acute and the symptoms thereof so urgent as to call for leading and almost exclusive attention. The question may, therefore, fairly be raised, whether this disease should be arranged under the inflammatory or nervous type of continued fever. After much consideration it was decided to insert it under the sub-division A., and by placing it last in the series to indicate its great affinity to the sub-division B. The chief difference between brain fever, popularly so called, and simple meningitis or phrenitis, is not so much in the inflammatory symptoms as in the accompanying fever; in the one case such fever is of the acute and sthenic character, in the other it is of the low, nervous or typhoid character; and it is most important to discriminate between these two diseases, for whilst *belladonna* will be found in both cases invaluable and strictly indicated, yet in the purely inflammatory one, *aconite* will be the medicine wherewith to alternate, whilst in the disease now under consideration *arsenicum* is indicated for the alternation with *belladonna*, and will be found of unspeakable value. The one only case of fever which up to the present time has proved fatal in the writer's practice under homœopathic treatment was of this class. It was that of a young lady, residing at Ramsgate, who was seized rather suddenly with gastric fever of the most acute and severe form; so violent was the attack, that the prognosis was unfavourable from the very commencement. The tongue was very thickly coated with a dirty tenacious

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fur, the pulse was full and strong, headache, great heat of skin, and the febrile state generally was strongly marked. No decided improvement was manifested under the treatment, and in a few days violent cerebral symptoms developed themselves, the fever assumed the typhoid character, the tongue became dry and glazed, delirium set in followed by coma, and finally lock-jaw, with tetanic spasms of the fingers, hands, and feet closed the scene, or rather may the writer be permitted to say (in a parenthesis the importance of which is in an inverse ratio to its brevity), liberated the imprisoned spirit, that it might depart and be with Christ for ever. The treatment consisted of *aconite, bryonia, belladonna, arsenicum,* and *stramonium,* according to the symptoms. The effect of the three latter medicines was well marked but only transitory; the typhoid condition was restrained by the *arsenicum,* and the tetanic symptoms were greatly modified by the *stramonium,* but nevertheless the case proved fatal, to the writer's sorrow, tempered however with extreme thankfulness that this was a solitary case of fatal result.

The subject of brain fever will come up again when speaking of typhus, with cerebral complications.

The continued forms of fevers of the second subdivision (B), viz., those of the nervous or adynamic type, now claim consideration.

The most serious forms of fever occur under this class, being characterized not so much by vascular as by cerebral excitement, with serious derangement of the organs and functions of digestion and nutrition, also prostration and exhaustion of the nervous energy and power. Serious complications may also be present either in the brain, the lungs, or the abdominal organs, so that the varieties under which continued fevers of this sub-division may manifest themselves are very numerous. The special forms enume-

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rated are gastric fever, typhoid fever, and typhus fever, with its cerebral, thoracic, and abdominal complications, each requiring to be dealt with in detail.

1. *Gastric Fever.*—This disease is of the widest possible range, and may exist in so simple a form as scarcely to trouble the patient, or in so serious a development as to threaten his life. There is some difficulty in determining the precise position which gastric fever, considered *per se*, should hold in any methodized arrangement of fever, for, as Dr. Tweedie observes, "when the symptoms of common fever are attended with more than ordinary gastric derangement, the term *gastric fever* has been applied." The term, therefore, is one of very wide meaning, and the disease itself may be looked at under a variety of aspects. First, as regards the character of the febrile state and symptoms—the accompanying fever may be continuous or remittent. Secondly, as regards the gastric derangement itself, there may be simply irritation, or there may be inflammation of the mucous coat of the intestines, running on to ulceration and even gangrene with perforation. Thirdly, as regards the type of the fever itself; there may be little or no tendency to nervous prostration, or there may be the nervous or adynamic tendency almost from the first, or at any rate at an early stage of the disease. It should also be borne in mind that symptoms of gastric disease may supervene on continued fever, especially of the adynamic type, but this becomes more correctly a typhus fever with abdominal complications, and will be spoken of accordingly. The general symptoms of gastric fever may be very well marked and unmistakeable, or they may be obscure and indistinct. Sometimes a feeling of general languor and uneasiness is all that is complained of, but generally speaking this is followed by rigors, flushes, furred tongue, quick pulse, pains in the back and limbs, pain at the epigastrium, nausea, loss of appetite,

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constipation, or in many cases diarrhœa (always an important symptom if it occurs early), the motions being perfectly liquid, with a sediment as it were of a yellowish brown powdery substance. The whole system is more or less prostrated, and bodily or mental exertion of the smallest kind are simply impossibilities, although the brain itself may be preternaturally excited. This state of things may run on for seven, fourteen, or twenty-one days; improvement at last taking place, or there may be a gradual degeneration into the typhoid type with new and alarming complications.

It has fallen to the writer's lot to see a great many cases of gastric fever both under allopathic and homœopathic treatment, for, having enjoyed the great advantage of being one of the late Dr. Bright's clinical clerks for a period of nine months at Guy's Hospital, this disease amongst others claimed his special attention. Dr. Bright has given an excellent account of the symptoms and morbid anatomy of gastric fever in his "Report of Medical Cases," and he considers diarrhœa to be the first symptom which indicates the existence of that intestinal irritation so peculiar to this disease; and further, that the "ochre diarrhœa" is characteristic of the commencement of intestinal ulceration. The treatment was uniformly of a very simple and non-interfering character, viz., a few grains of the bicarbonate of soda in some mint julep every four or six hours, with an occasional small dose of Hydrar. c Cretâ, followed by a spoonful of castor oil, each case being carefully watched to see if any local complications arose. A similar plan was pursued by the writer in the treatment of several cases before he was acquainted with homœopathy, and he must honestly acknowledge that many cases were successful. The principal medicines used by the writer in the homœopathic treatment of gastric fever are—*nux, pulsatilla, china, mercurius,* but especially *bryonia;*

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chamomilla and *ipecacuanha* were useful occasionally, and *aconite* was sometimes indicated at the early stage of the disease, or as an occasional intercurrent medicine. The provings of these drugs should be carefully noted, and first *bryonia*.—"Chilliness, chilly feeling and creeping chills after the siesta with muddled condition of the head; lowness of spirits; ill humour and irritability with hurriedness and pressing in of the forehead; great weight in the head and pressure of the brain from behind forward; violent headache, heat in the head; burning pain in the forehead; pale, yellow colour of the face; dryness of the mouth with great thirst; tongue coated, white or yellow; dry tongue; aversion to food; loss of taste; nausea; bitter vomiting of bile and water; painful soreness in the pit of the stomach, oppression also with tensive pain when touching the part; tension, burning or stinging in the region of the liver; pain in the abdomen, with rumbling sensation as if diarrhœa would set in; diarrhœa especially at night, with burning at the anus; red, brown and scanty urine; pain as from bruises in the small of the back; drawing in the lower limbs; rigidity of the thighs like cramp early in the morning in bed." Its pathological anatomy gives "vivid redness of the mucous membrane of the stomach dotted with blackish spots here and there, which are not ulcerated anywhere, inflammation of the commencement of the duodenum, and considerable inflammation of the larger intestines, the inner coat of the rectum cherry-brown." Orfila found in his experiments on animals, that the mucous membrane of the stomach was of a bright red colour, presenting here and there blackish patches not ulcerated, the mucous membrane of the great intestines was exceedingly inflamed. It will thus be seen that in its pathogenetic symptoms and its pathological anatomy, *bryonia* has not only the symptoms but some of the anatomical characters of gastric fever: for it is well

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known that in this disease the mucous membrane of the alimentary canal is inflamed, especially in the lower third of the ileum, where the clustered glands are often found softened and ulcerated.

2. *Nux vomica.*—The following provings deserve especial consideration; "Chilliness with dread of the open air and great liability to take cold; violent chilliness with chattering of teeth; chilliness with heat in the head and redness of the cheeks; chilliness with pains in the back, drawing in the limbs, stretching spasmodic yawning and urging to lie down; external or internal heat accompanied with chilliness and great weariness; violent thirst; pulse hard, full and frequent; pulse small and quick or intermittent; night sweat; ill humour with lowness of spirits; indisposition to work; confusion and stupefaction of the head; muttering delirium; headache with nausea and vomiting; distensive sensation in the head with pressure through the forehead and eyes; tongue coated with yellow or white mucus; loss of taste and appetite; the region of the stomach is very sensitive to pressure; pressing in the epigastric region; tensive pressure in the hypogastrium, the abdomen is painful when touched; constipation as if from contraction and constriction of the bowels; frequent urging to stool with tenesmus; reddish urine with brick-dust sediment." Its pathological anatomy gives inflammation and ulceration of the stomach and bowels after large doses; but Orfila in his experiments on animals mentions that for the most part the alimentary canal was not affected.

3. *Pulsatilla.*—"Chilliness and a chilly feeling internally; shaking and chilliness followed by general heat and sweat, with drawing jerking pains in the bones of the extremities; the chilliness is generally accompanied with paleness of face, vertigo, stupefaction, painfulness and heaviness of the head; anxiety and oppression of the chest

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on vomiting of mucus; tongue lined with a tenacious mucus as with a kind of fur; white tongue; parched tongue; slimy or putrid taste in the mouth with inclination to vomit; loss of appetite; intolerable nausea with inclination to vomit without vomiting; vomiting of food, bile, mucus; aching drawing pain in the pit of the stomach; frequent loose stool mixed with mucus; watery diarrhœa at night, loose acrid stool in the morning; slimy diarrhœa; urine with brick-coloured sediment." Its pathological anatomy gives in animals, according to Orfila, "one-third of the mucous membrane of the stomach adjoining the pylorus had a cherry-red colour; the rest of the stomach was dark red, and dotted with black spots which seemed to be somewhat prominent and contained venous black blood; the rectum was inflamed and dotted with red spots."

4. *Mercurius.*—"Sinking with an indescribable malaise of body and mind, obliging him to lie down; frequent febrile paroxysms; bitter taste in the mouth; complete loss of appetite; thirst; bilious vomiting; great painfulness of the pit and region of the stomach particularly to the touch; the region of the liver is painfully sensitive to contact; distension of the abdomen; papescent stool with mucus; yellowish diarrhœic stool without sensation; diarrhœa with cutting and pressure in the rectum; the urine is extremely turbid even while leaving the urethra and deposits a sediment." Its pathological anatomy gives "the mucous membrane of the stomach, most generally, in the neighbourhood of the pylorus is more or less inflamed, red, blackish, gangrenous, ulcerated, softened and can easily be detached; the duodenum, the rest of the intestines, principally however the rectum are more or less inflamed; the ileum contained a dark red pap adhering all round to the wall of the intestine, which was easily rubbed off with the scalpel, together with the completely destroyed

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mucous membrane, and was almost entirely found to be dark, decomposed blood: the remaining coat of the ileum when held towards the light, looked like a membrane which was only traversed by very few vessels."

5. *China.*—" Lassitude and languor mental and physical; chilliness over the whole body, sometimes as if cold air were blowing on the skin, particularly when walking, with shuddering over the arms, loins and thighs when sitting; tongue coated, white or yellow thick or dirty; indifference to food, inclination to vomit, also with vomiting; contractive, crampy sensation in the pit of the stomach, with difficulty of breathing; pain in the region of the liver; pinching in the abdomen; loose diarrhœic, yellow, watery stools; painless diarrhœa with great weakness; dark coloured urine with brickdust sediment." Its pathological anatomy gives " obstruction of the liver and spleen, indurations of the intestines, inflammation of the abdominal viscera, ulcers in the bowels."

6. *Chamomilla.*—" Sour taste, bitter taste; bitter bilious vomitings; oppression at the stomach; compressive pain in the abdomen; painless green watery diarrhœa, a mixture of mucus and fæces; sharp pinching colic, with discharge of light coloured fæces."

7. *Ipecacuanha.*—" Yellowish or white coating of the tongue; nausea and effort to vomit; vomiting of the ingesta, and of large quantities of mucus; empty retching; excessive sick feeling in the region of the stomach; griping pinching in the abdomen; lemon-coloured stool; diarrhœic stools having the appearance of being fermented."

Such then are the provings of these seven important remedies, with especial relation to the symptoms of gastric fever. Each medicine should be studied carefully by itself; afterwards, each should be contrasted and compared with the others, so as to bring into prominence the

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salient points of indication for successful treatment in any given case.

It has been the writer's practice in the treatment of a great number of cases of gastric fever to administer the foregoing medicines in the first or third decimal dilutions, viz., *aconite, bryonia, nux, pulsatilla,* and *mercurius* in the third dilution; *china, chamomilla,* and *ipecacuanha* in the first dilution; the dose varying from one to two drops every four, six, or eight hours, according to the circumstances of the case. He has rarely found it necessary to give *aconite,* and then only in the very early stage of the disease, or as an occasional remedy during the progress thereof. It is most important to attend to the special indications in each individual case, and so to apply the most appropriate remedy; but as a general rule, in the absence of severe diarrhœic symptoms, the writer has found *bryonia* by far the most useful medicine. It seems to be specially indicated when the constitution is robust, the febrile symptoms very strongly marked, no very important local inflammation or complications, tongue very loaded and foul, headache, constipation, full pulse, great pains in the back and limbs. *Nux* is closely allied to *bryonia;* its range of action is, however, much more limited as far as the writer's experience goes; it is indicated when much chilliness exists, great tenderness of the abdominal region indicative of inflammation of the mucous membrane of the intestines, constipation with tenesmus, and perhaps also if *bryonia* seems to be ineffectual in affording relief; both these medicines are more applicable to the male sex. *Pulsatilla* is indicated if the patient be of the female sex, quiet and gentle in disposition, vomiting and diarrhœa being prominent symptoms, and the evacuations watery and mucous. *Mercurius* is indicated if diarrhœa be a prominent symptom, the motions being very light coloured or streaked with blood or yellowish ochre-

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coloured, indicative of serious inflammation of the mucous coat of the intestines with partial ulceration, in which case *china* also is indicated, and especially if there be much prostration and sinking of strength. This latter medicine may be very advantageously alternated with *bryonia* or *mercurius*, especially if there be great nervous exhaustion; but if the typhoid or adynamic type at all threatens, *arsenicum*, either alone or in alternation will be found most valuable. *Chamomilla* will also be found useful when there is much pain accompanying the diarrhœa, and *ipecacuanha* when very obstinate nausea and vomiting are prominent symptoms. If cerebral complications manifest themselves, *belladonna* is indicated either alone or in alternation; and it must be remembered that very violent inflammation of the membranes of the brain may supervene on a comparatively slight attack of gastric fever, as has already been stated at pages 74 to 77.

Gastric fever is a very common complaint, especially in the neighbourhood of London during the early spring and summer months. Cases sometimes occur so slight that the patient is scarcely aware of the nature of his malady, and only seeks medical advice because of general malaise and languor. Others feel in addition to this, shiverings, pains in the limbs, and headache; others again, aversion to food, complete mental and bodily prostration, bad taste in the mouth, and very furred tongue. In all such cases the writer has found *bryonia*, with a mild unstimulating diet, cessation from labour, and confinement to a warm room or to bed, quite sufficient to complete a cure. It is needless to cite individual cases that present such general or unimportant features; the following however may be given as illustrations of more serious forms:

Rev. Mr. M., æt. 38, of delicate frame and highly nervous temperament, has been ill fourteen days, but previously was in good health; two days ago vomited

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some bilious matter; complains of shooting and throbbing pains in the sides of the head, scalp sore to the touch, the headache aggravated by sound and noise; tongue yellow and dirty at the sides, red in the centre; bad taste in the mouth; very thirsty; pulse 100, no tenderness in the abdominal region, bowels variable, urine rather high coloured; he is very depressed in spirits, but without any real cause, has been exposed to certain external depressing influences in visiting his district, and has lately undergone much mental and physical exertion. *Bryonia* every four hours. Next day, the headache was slightly relieved, the tongue less coated, pulse 90, bowels inactive, complains of slight throbbing pain in the throat. *Bryonia* to be continued. Next day, the tongue was cleaner, pulse 85, headache rather less at vertex, but complains of severe shooting pains through the temples, bowels inactive. The *bryonia* continued, and one dose of *belladonna* at bed time. On the following day the tongue was cleaner and moister, thirst less, headache better, profuse perspiration in the head, urine lighter coloured and more in quantity, pulse 100 (partly the result of excitement), slept quietly at intervals during the night, bowels relieved twice by an enema of cold water. *Bryonia* and *belladonna* in alternation. The next day, headache better, mental symptoms relieved, pulse 80, tongue cleaner, some tenderness in the right iliac region on pressure, urine less high coloured, fauces much inflamed and some difficulty in deglutition, slept until midnight. *Nux* every six hours. The day following, headache quite gone, tongue cleaner, urine paler, pulse 80, comfortable night, bowels inactive, great exhaustion after sitting up to have the bed made. The next day, tongue cleaner, pulse 75, slept better, abdomen a little less tender, bowels copiously relieved by an enema of cold water. *China* every eight hours. The following day, not quite so well, tongue glazed and rather dry,

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pulse 90, throat and fauces rather inflamed, bowels acted naturally, motions healthy. The next day, tongue glazed and rather dry, pulse 80, passed four bilious and rather offensive motions, a few petechial spots on the abdomen; continued to improve for the next three days, the tongue becoming gradually cleaner and moister; no medicine has been taken for five days, one dose of *nux* now ordered, afterwards *sulphur* at intervals of twelve hours. Two days afterwards he was sitting up and dressed, and in three days more, being sixteen days from the commencement of medical attendance, he was convalescent.

Mr. B., æt. 35, presented on visiting him all the symptoms of gastric fever, inclining to the adynamic type; the tongue dry and glazed, the skin hot, bowels confined, great restlessness, thirst, pulse quick. *Bryonia* was given every four hours. This case continued to progress in the most satisfactory manner under the action of *bryonia* for the next five days, at the end of which time the patient was up and dressed, and in five days more he was quite well and able to resume his employment. During this period the tongue, from being very dirty and foul, gradually cleaned, the pulse gradually lowered, the headache, which had been very violent, entirely subsided, the throat, which had been inflamed and swollen externally, was relieved, and the excessive pains and uneasiness in the limbs were entirely removed. The doses of *bryonia* were reduced by degrees, and the diet was confined at first to toast-water, then milk and water, afterwards jelly, broth, and subsequently a more nutritious food.

A gentleman of middle age, visiting at Ramsgate in the autumn of 1862, was seized with a rather severe but happily brief attack of gastric fever. There was great physical prostration, much pain in the limbs, a full pulse, headache, a very coated tongue, no diarrhœa. *Bryonia* at first and subsequently *china* were administered, dietetic

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and regimenal rules were strictly enforced, and in seven days he was convalescent, in fourteen days quite well.

A lady of middle age, residing at Ramsgate, was affected with gastric fever, in which sickness and vomiting were prominent symptoms. Her physical powers had been greatly overtaxed, and she was quite prostrate for some time. *Ipecacuhana* afforded considerable relief, she improved up to a certain point, and then remained stationary. Other medicines were administered and a very generous and moderate stimulating diet was prescribed, but it was necessary to remove her from Ramsgate to an inland place before a complete cure could be effected.

A lady, 50 years of age, had suffered for some days from occasional diarrhœa, with general languor. There was a peculiar expression of countenance that at once indicated the existence of fever; there was no pain in the epigastric or abdominal region, none also in the iliac region, although there was some slight tenderness on pressure, the pulse was 100, the skin neither very hot nor very dry, tongue slightly coated, no great aversion to food, great languor and occasional rigors, evacuations about six in the twenty-four hours, at times presenting the ochre-powder colour and appearance. A favourable change took place at the seventh day, and by the twelfth day she was quite convalescent. The treatment consisted of *pulsatilla*, but principally *mercurius* and afterwards *china*. A moderate amount of beef tea and arrowroot was given from the first, and a small quantity of brandy and water; the indications for these dietetic rules being, that there was much languor and debility, and some slight threatenings of a low nervous state supervening.

(To be continued.)

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BRIEF REMARKS ON CASES OF DISEASE, TREATED IN APRIL, 1863.

By J. H. Nankivell, Penzance.

Case I.—*Neuralgia.*

Susan C., aged 22. Pain begins in the under jaw, especially in the gums surrounding the left bicuspid teeth; the pain then shoots into the left superior maxilla, and from thence towards the head. The attacks last sometimes for a few hours, and at other times for a whole day. During the attack there is swelling of the eyelids and cheek, and there is lachrymation from the eye, and what feels like a gush of water in the mouth; the pain is like "cramming" or sticking, and leaves a sense of aching between the attacks. The disease has existed during seven months. This patient was cured by the 3rd decimal dilution of *glonoine.*

Case II.—*Neuralgia.*

Mary R., aged 80, and utterly *toothless.* I give the history of the case, as nearly as may be in the language of the patient. "I have got a bad pain in my eye-tooth; it shoots up to my right eye, same as if my eye was coming out; it makes me spring up in bed; it stings with a stinging pain; I can't bear to lean my chin on my hand, for this brings on the *pain.* When it takes me violent, it affects my speech: it has been coming on for two or three years. The left side of my face has never been bad. I have bathed it with herbs, but it dont seem to do any good. Between the nose and face it gets stiff, but dont swell; talking brings on pain, also eating. By night the pain is very bad; I hold my face with both hands, and sing out. I have been a healthy person; had sciatica once." She took my favourite "mode-medicine," *glonoine,* and at her next visit informed me that she had slept much

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better, but still felt a dart of pain, with stinging. She then took drop doses of the mother tincture of *aconite*, with almost entire relief to her tic-doloreux. I saw her in December last, eight months after treatment, and she was "all well."

Case III.—*Neuralgia.*

Mary J., two years since, suffered from great pain in her head, but now it is very bad; any little fright or annoyance brings it on, also walking when it is stormy weather. Is often quite well for a week. The pain begins in the upper part of left temple, and goes to the ear as if there were tons weight falling on the part; it takes away her sight, and she is losing her hair. Is obliged to tie the head tightly around, as the brain seems bursting. The pain lasts for a day, and ends in swelling of the affected parts. She took one drop of the 3rd decimal dilution of *glonoine*, three times a day, for a week. She then stated that the pain was much relieved, and that there had been no swelling about the temple, but that the ear ached very much, and that she felt a heaviness about the head which made her feel stupified. She was directed to continue the *glonoine*. The next report was that the pain had returned severely. She took the 3rd dilution of *belladonna* for a week, and was then so "much better," that she did not make any further application.

Case IV.—*Measles, Pneumonia, Hooping Cough.*

Eugenie U., aged 3 years. About twelve months since had measles, from which she seemed to be recovering, when she was exposed to a cold wind, and got a most severe attack of congestion of the lungs. The cough was very frequent, the dyspnœa intense, the face sub-livid, and the general emaciation very great. She took *phosph.* 12 and *bryon.* 12, in alternation, and afterwards *phosph.* only.

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She made a satisfactory and perfect recovery. During the month of March of this year she got an attack of hooping cough; at the end of three weeks the lungs again became congested; she gradually wasted, and neither *drosera*, nor *phosph.*, nor *bryonia* afforded the least relief; the fits of hooping cough continued unabated almost to the last, and she died apparently from mere exhaustion.

Case V.—*Measles.*

P. Jasper, aged 5. This was a case which illustrated well the damaging effects of measles. The child had been allowed to go through the disease with little if any medical treatment, and all I could learn was that he had had some powders and brimstone. When he was brought to me, he had universal and deep bronchitis, a most violent cough, and looked sorely stricken down. He had *pulsatilla* 3, and four days after, the account was that he was better altogether, and at the end of a week that he was quite well. I have in several other instances seen (as far as one can see at all, with certainty) *pulsatilla* render good service in the bronchitis established during the progress of measles.

Case VI.—*Pleuro-Pneumonia.*

Henry T., aged 3½ years. Four weeks since had an attack of measles; the eruption did not come out well, and was of a very dark purple tint. Took brandy and saffron-tea, also physic from the doctor. Has had much tightness of the chest and severe cough; is much distressed; bathed in sweat; very thirsty; vomits; has frequent flushes of heat; the bowels have been relieved regularly; countenance is sub-livid, and he is greatly emaciated; the eyes have a staring expression; the pulse is very rapid. An examination of the chest showed that in the right lung posteriorly there was well-marked pleu-

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ritic rubbing, the respiratory murmur was considerably masked, and great dulness on percussion. In the left lung, puerile respiration in the lower lobe, and loud bronchial rhoncs in the upper lobe. For these symptoms he had *phosph.* and *bryonia* of the 12th dilution, taken alternately.

At the end of a week there was improvement: less thirst; less fever and perspiration; cough not so frequent, but still coming on in "rages;" objective symptoms diminished; appetite improving, but sick every three or four hours; bowels somewhat relaxed. ℞. *Ars.* 30. From this time he steadily improved; but as some cough remained after three weeks of treatment, he had a few doses of *phosph.*, and recovered.

CASE VII.—*Pneumonia with Purulent Infiltration.*

John H., aged 12, had measles four weeks since, but they did not come out well; has had a cough ever since, but very little expectoration. He is deadly pale; the pulse 126; his appetite is bad; has diarrhœa four times a-day, and sweats much at night. It appears that he has not had very careful medical attendance, and has now been brought to our Dispensary, a distance of seven miles.

Physical signs.—Left lung very dull at the base when percussed; pleuritic rubbing from inferior angle of scapula downwards; right lung has loud bronchial rhonchus throughout, and general hepatization. He took *bryonia* 12 and *phosph.* 12, and after ten days it was found that there was incipient disorganization of this lung just below the scapula, whilst at the apex of the same lung there was below the clavicle a pleuritic rubbing with each inspiration; the pulse continued about 125; cavernous gurgling was heard behind in the disorganized lung. He took *calc. carb.* for three or four weeks, but gradually got worse, and after an illness of four months he died.

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BRIEF REMARKS ON CASES OF DISEASE.

The general appearance of the patient at the time he was first seen, indicated that the disease was of a mortal character.

Case VIII.—*Diarrhœa, &c.*

Philip H., aged 2 years, a delicate, emaciated child, had diarrhœa for three months. The mother has tried every medicine that everybody has recommended, but the disease goes on: rhubarb, bark, catechu, starch, castor oil, port wine, but all are useless. The bowels are open three times in an hour, and are distended with gas. The child often urges, but there is nothing on the stomach to bring up. The urine looks like milk. Before this illness the child was fat and healthy, now he is always moaning and wailing. The stools are like castor oil; there is a little bronchitis; the gums are swollen, and a few teeth are appearing through the membrane. Ordered *calc. c.* 6, and a bran poultice to the abdomen.

A few days afterwards the child had measles in a mild form, and took *puls.* 3. At the end of a fortnight the condition of the bowels was much the same as at first, and he then had *merc. corros.* 3. This medicine acted promptly, and in a few days the evacuations had become solid, and of a bilious tinge. The mesenteric glands were tumid, from the prolonged irritation of the mucous membrane of the intestines. I gave *calc. carb.* again, but without any benefit. *Belladonna* was then tried with very marked effect, and in the course of another fortnight the verdict of the mother was, that if she had applied at the Dispensary earlier, her child would have not been so ill, and that if she had not come at all it must have died.

Case IX.—*Heart Disease.*

Thomas W., aged 30, a tin-dresser, has not worked for two months in consequence of disease of the heart. He

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describes the sensation as weakness, pain, beating, fluttering. Has not had rheumatism. Has had medical treatment for six weeks, without benefit. The impulse of the heart is violent, and there is a distinct thrill at the apex, but there is not any disease of the valves; the affection is plainly of a nervous character. The patient took *spigelia* without benefit, and then *aconite* in the 1st dilution; the latter acted well. After a little while he resumed his occupation, and has continued in good health for twelve months. During that time he has been supplied twice with a little *aconite*, taking two or three drops whenever he feels a return of the palpitations.

Case X.—*Bunion.*

Elizabeth H., aged 60, is very lame from an extremely painful bunion on the great toe of the left foot. When the foot was uncovered, it was seen that the extensor pollicis proprius was tense, and that the toe was drawn across its fellows at right angles. The patient was informed that a division of the tendon was the only certain means of relief. This minor operation was done, and the toe returned nearly to its natural position. The relief to the bunion was of course very great, and a cure effected as far as the case admitted of it.

Case XI.

Catherine N., aged 41, has been a widow seven years. Has felt weak for a long time, and has been getting very thin during the last twelve months; a sinking weakness in the bowels; cannot digest animal food; appetite bad; bowels relaxed, and a sense of cutting pain in the abdomen; a sensation as if the heart were rising up towards the throat; a pain in the head, and objects appear to give way (vanish) before the eyes; menorrhagia. She took

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arsenicum 3 during a fortnight, with the best possible results, and, to use her own expression, "felt like a new person."

CASE XII.—*Vomiting.*

Wm. Gendall, aged 50, for three years has suffered much pain in his stomach, with frequent vomiting of watery stuff; always feels worse towards night, with some headache. Is at times free from all these symptoms for several days. He took *nux vom.* 3, with perfect relief from all vomiting, but some pain still was felt in the stomach; he then had *ars.* 3 for a week, and made a perfect recovery.

WHEN WILL THE LEARNED KNOW BETTER?

By DR. EADON.

IN the May number of the *Homœopathic Review*, in a translation from the Swiss *Bund*, the following passage occurs:—"The great majority of allopaths, however, only know homœopathy by hearsay, and look on it through the dim glasses of the prejudices of a thousand years. Few or none of those who have opposed or abused homœopathy have previously examined or studied the matter thoroughly, because all those who have conscientiously done this, have soon been convinced of the truth of the system and adopted its practice."

Now, this paragraph hits off exactly the condition of mind of our opponents with regard to homœopathy. Ignorance, arising from a want of examination, is the chief cause of the hostility manifested towards it. Ideas the silliest, and notions the crudest, are still entertained concerning the Hahnemannic Law—a law whose truth will one day be acknowledged with as much universality and unity of opinion as that of the Newtonian. Notions too

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childish to be refuted, and which, nothing but ignorance could tolerate, are carefully dealt out from house to house, in every town, village and hamlet in the land, by the present Solons of the profession. The thinking process, in the minds of the people, is hardly allowed to essay an incipient effort. Ridicule, or the coarse laugh, with arms akimbo, or the somewhat idiotic jeer, stifles the first half-expressed thought. The gag is put on so adroitly, as, in countless instances, to stop even the *rise* of the first bubble of common sense from the cerebral fountains of thought and sound reflection. In this silent door-from-door visitation is homœopathy tabooed with the people; and the profession itself—not forgetting its high dignitaries—condescends but little to trouble itself with the investigation of a subject, viewed as a *mere medical heresy*, and fraught with notions and tendencies, one-sided, offensive, and extremely inconvenient.

In looking over some papers a few days ago, a letter turned up, written by Dr. T. K. Chambers, one of the Physicians to the Prince of Wales; and as the passage is quite in keeping with the sentiments selected from the *Bund*, I take the liberty of quoting it. Amongst other matters, the doctor goes on to say: "I should place the 'Purgative College of Cathartopolis,' or the 'Blistering Society of Cantharido-town' in the same category as the Homœopathic Colleges. Both would represent theories which are of partial application." Such are Dr. Chambers's notions of homœopathy, and its collegiate teachings. The learned doctor—learned, doubtless, on other subjects, but profoundly ignorant on this—is not aware that the students of the Homœopathic Colleges pass through the very same subjects of prelection as are embraced in the curriculum of the Allopathic Medical Colleges, or Schools, with this very important exception only, that, when the students arrive at that part of the course, known as *Materia Medica*

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and *the Institutions of Medicine*, the real effects of drugs, discovered by their action on the healthy body, are lucidly set forth, and the unmistakeable *therapeutic Law of Nature* is expounded, by the following of which, the students will be able, with certainty, to cure with credit to themselves, and satisfaction to their patients. The antiquated errors of a thousand years are left for the edification of those who choose to sit upon allopathic benches, or, of that class who are compelled, from untoward circumstances, to cram in, what they intend, as speedily as possible, to forget. The courses of study of the two schools are precisely similar, except, just at the point, which most concerns the patient, viz., the *knowing what to give*, and on what *principle to give it*. The one party cures on a Law; the other has no law or principle to guide it, and a cure is left entirely to the chapter of accidents. The first is rational medicine, the other, merely empirical.

That Dr. Chambers is learned, clever, and well-read, on the subjects to which his attention has been directed, is readily conceded; but, with regard to homœopathy and its collegiate prelections, the subjects on which he has passed his opinion, he may shake hands with the first lout whom chance may throw into his way, for both are ignorant alike—hail fellows well met—as far as homœopathy is concerned. The doctor, and Hodge the clown, stand on the same plane of thought, ignorance being the characteristic of each alike, on a subject, unknown to both. The opinion of the one is quite as good as that of the other; and where ignorance is held in common, there is not a pin to choose betwixt them. That opinions uttered, *ex cathedra*, without the slightest data, should have weight with a certain kind of mind, shews that there is something wanting, either in the organic conformation of the human brain, or in the kind of educational training to which it is subject. There must also be some *very peculiar make* or

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cerebral configuration, which makes a man's vision so *extremely indistinct* beyond a *self-drawn* circumference. Few are the men who have brains with cineritious matter deep enough, and compact enough withal, to enable them to take in, TRUTHS, skirting circumferences, having centres other than their own. The GREAT-LITTLENESS of some natures completely spoils the otherwise grandeur of their literary characters. It is matter of regret, that there are so few, with Garibaldian large-heartedness, whose natures can embrace, without let or hindrance, the whole wide domain of knowledge; so few, ever ready to make the unknown, the known, and to add new links, to that great chain of knowledge, destined to embrace the earth, the heavens and the spiritual universe, in its expansive circumference. Change, however, is the order of the day. Minds, with another order of this cerebral calibre, are destined to spring up. The day of contracted vision, on the literary and scientific field of inquiry, is passing away. The manifestations of the ever-to-be-laughed-at, and the always-to-be-tittered-down LARGELY DEVELOPED SELF-ESTEEM of the SAVANS of science, who think nothing true, or just, or right, but what has received, *with solemn nod*, their IMPRIMATUR, will be deemed too ridiculous for society much longer to tolerate. The scientific ukasse may be pleasantly listened to, but it will no longer be considered as a kind of food from the immortal gods. The time is coming, when mankind will give credit to opinions only, the result of investigation, of experiment, and of piling up, fact upon fact, so as to make one complete and harmonious whole. Nothing else will suffice. The talents of an archangel will avail nothing in giving weight to opinions when a subject has not received a careful investigation from the party who utters them. They will have no more influence, however learned a man may be on other subjects, than if the dictum came from the lips of a farm-labourer, who has just mental perception

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enough to distinguish the clod from the instrument which breaks it.

Men had need be careful how they condemn what they do not understand. This folly has stained the glory of many a great name. It leaves behind it a mark, like that of the salts of silver, difficult to efface.

Think of the apprentice (he who afterwards became the far-famed Dr. Jenner) who threw out the hint to his celebrated master, John Hunter, that, perhaps, ingrafting the cow-pox on the human being, might be a preventive and a modifier of the virulence of the small-pox. This otherwise far-seeing surgeon pooh-poohed this idea of the lad, as vague and improbable. There was no sense in Hunter's frowning down the suggestion. His objection was a mere opinion. The thing had not been tried. It was a conjecture only in the mind of Jenner. No mortal could predicate the result, antecedent to careful experimentation. The master, however, assumed the Aristotle, and gave his dictum. The apprentice followed the method laid down by Bacon, and submitted the conjecture to the test of experiment. The whole world knows the result—"*Ederæ præmia frontium.*"

Viewing the hint given by the young man from a Baconian stand-point, Hunter might have divided the glory of vaccination with Jenner, as Adams and Leverrier have done, in reference to the discovery of the planet Neptune. "There is a tide in the affairs of men" (the hint of the apprentice was the tide) "which, taken at the flood" of the present opportunity would have led Hunter on to another form of fame and fortune. It was not to be. To Jenner all the glory belongs, and his statue in Kensington Gardens shews a nation's gratitude.

Think of Faraday, with all his grand ideas about heat, and light, and magnetism, and the whole family of the imponderabilia, how he allies himself with matter and its

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laws, as if, by an adhesion, which defied all power of separation. Although he has to do with matter in its most evanescent forms—in forms, the analogues of spirit —yet he cannot see, that Matter and its laws, are but the servants of Spirit and its laws. He cannot see that *Spirit* is the THING ITSELF, and Matter but its outward exponent —its visible and tangible manifestation; that the laws of Spirit are of a higher order than the laws of Matter, whether, in relation to rolling worlds, or to particles, beyond microscopic vision. Faraday's opinion, in consequence of his possessing this mentally circumscribed vision, is not worth a straw, on any subject, but that on which he is so conversant, and in which he is so profound.

Think of Elliotson, who, with noble daring, braved the whole wide-spread obloquy of the medical profession in his advocacy of Mesmerism and Clairvoyance; yet, when the proofs of Spiritualism were put before him, he wrote thus in the *Zoist*:—"Any approaching to this imposture, in impious audacity, we have never witnessed. We have felt it an imperative duty boldly to raise our voice in condemnation of this vile and unblushing imposture." Dr. Elliotson's life has been spared. He has not been stupid. He has allowed himself to be THINGED with spiritual evidence; and, after eleven years' reticence, he now gives in his adhesion to facts which he cannot gainsay. "He is" (to use his own language) "now quite satisfied of the reality of the phenomena." This is noble. A man may be wrong, but there is no reason on earth why he should always remain so. Were the Watsons, and the Chamberses, and the Bennetts and the Jenners of old allopathic physic to THING themselves with the facts of homœopathy, they would doubtless come out with true Elliotsonian hardihood, and become homœopathic gems of the first water.

Think again of Ashburner, the man who bore the indignity of the profession along with Elliotson in respect

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of Mesmerism. When Spiritualism was placed before his mind, standing on a higher plane of being than his *confrère*, he at once embraced it, and has had joyous paternal communion which none but himself will ever know. Yet Dr. Ashburner falls short. With all his strivings after truth and good—although, compass in hand, he has taken a wide circumferential sweep—he has not yet reached the homœopathic orbit:—

"In great attempts 'tis glorious e'en to fail."

The Newton of the North—Sir David Brewster—is, however, the general type of the *savans* of the present day in every department of learning. Nothing is true, if *new*, unless discovered by themselves; and then, it is marvellous, how enthusiastic these naturally born anti-progressionists in the empire of mind can become, about *their own little selves*, and *their own little doings*. They stand in wonderment at the calmness displayed towards them, and feel, not a little surprised, that the world has not put itself into a very Garibaldian excitement when contemplating the splendour of their discoveries. With the inventions or discoveries of others "*Solventur risu tabulæ;*" and the poor fellows are sent away as impostors—"*tu missus abibis.*"

From all this, it is evident, how serious a matter it is, to look at science, with one eye open, and the other, shut. This Cyclopean mode of vision may have served, to a certain extent, the progress of the past, but an improved mode of vision is destined to take place in the future. We must not only be wide-awake, but have both eyes open—wide open—to meet the signs of the times, and the new conditions in which man will be placed.

The men of the homœopathic school, liberal in opinion though its members may be, are not free from the Hunterian prejudice, the Faradayistic blindness, or the Brewsterian dogmatism. There are men in the homœo-

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pathic ranks, who can see nothing in the cleansing processes, and tonifying appliances of the Water-Cure; or, of influxion, into the body, of Galvanic or Electric streams; or, in the marvellously revivifying effects produced by the inpouring of currents of human Electricity, from the hands of the healthy, into the bodies of the diseased. To men of this order of mind, recuperative measures of the above-named kinds, are valueless, because homœopathy, is to them, THE OMNIPOTENT EVERYTHING—the grand heal-all and cure-all—and with them, there is naught else in the wide universe of God. Nay, more: it is not homœopathy, *per se,* but a peculiar phase of it, which is their beau-ideal of curative excellence; it is the circular or spherical form of homœopathy, of which the *globule* is the archetype; or the little-round-case bottle, is the symbol of its massive administration; or, the trituration, previously shaken into transcendental ultra-microscopic invisibility, is the insignia of its power, though the medicine commingled therewith bids defiance to vision, both natural and artificial, to chemical analysis, and to magnetic influence of the most searching kind.

A spirit of restriction, to peculiar forms and modes, should not be slavishly adhered to. A more liberal spirit ought to pervade the mind. There is reason in all things. The golden mean is the line of prudence, as well as the line of safety. Extremes ever tend to inharmonies; and it is not a sign of wisdom to touch those strings, the sounds of which strike discord, amid the harmonies of surrounding things.

From what has been advanced the inferences are plain enough, viz:—that, a man may be learned on any given subject, but to pass an opinion, either favourable or unfavourable, on a subject to which his attention has not been directed, is not only unwise but absurd; that, few men, in any age, or in any department of learning, have

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shewn themselves equally liberal in all departments of knowledge; that, when a man has once given forth his written dictum, on any subject, it is rare for him to possess sufficient moral courage to acknowledge his error; that, men, apparently, with naturally progressive minds, often stop short, although the path of advance lies straight before them, being either unable, or unwilling to see it; that, this perversity, or mental obliquity, in human nature, has been seen in every age, and in every department of knowledge; and, finally, that, the members of the homœopathic school itself, do not always display that catholicity of spirit, and liberality of sentiment, which minds imbued with an intense desire to do good ought, on all occasions, to display.

Seeing that poor human nature is so frail, is it asking too much, from each and all, to pray for more toleration of opinion, and a wider catholicity of spirit, which would enable us to embrace every form of knowledge that would tend to alleviate human suffering, and promote the well-being of our fellow-men;—a prayer, which, if not answered, would, according to the opinions of the great Dr. Chalmers, produce such a reflex action on our minds, as would make us wiser, more charitable, and philanthropic, and tend to ally us nearer to a higher order of being.

ON "TAKING COLD," AS A CAUSE OF DISEASE.

By Dr. Hayward.

A Paper read before the Liverpool Homœopathic Medico-Chirurgical Society; with Remarks by some of the Members.

The health of mankind is deranged and destroyed in a great variety of ways, and by a vast number of causes. The *ways* in which health is deranged are termed "*dis-*

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eases," and the *means* producing these derangements are the CAUSES of disease. The generally recognized diseases are about ninety in number, and these induced, in England alone, in the year 1861, 427,460 deaths. The causes of these ninety kinds of disease are of course various and not always single; sometimes many causes contribute to produce one disease, and sometimes many diseases result from one cause.

I am not about to review all the causes of disease, but to draw attention to one particular cause, namely, "taking cold;" and to endeavour to show that taking cold is very frequently the cause of disease, and that it is the cause of a great number of diseases. And I do so under the impression that "the cause of the disease is the key to the symptoms and treatment," no less than it is the key to the diagnosis and prognosis; and that therefore a correct knowledge of the cause of the diseased states we are called upon to remove is always of immense value to both ourselves and our patients: indeed, that it is this knowledge that gives the educated, scientific practitioner his advantage over the mere amateur homœopathist who, by laborious adaptation of symptoms, is not unfrequently able to cure a disease of which he knows not either the nature, or seat, or even the name. There are not, however, wanting amongst us those who claim to be educated practitioners, who insist that the totality of the symptoms alone is all that the practitioner requires to lead him to the selection of the proper remedy. But this is, I am afraid, more theoretical than practical, and arises in a great measure from a servile following of what they misinterpret as the teaching of Hahnemann. It is true, certainly, that in section VIII. of the *Organon* Hahnemann does say, "as in a disease from which no manifest exciting or maintaining cause is to be removed we can perceive nothing but the morbid symptoms, it must be

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the symptoms alone by which the disease demands and points to the remedy suited to remove it; in a word, the totality of the symptoms must be the principal—the sole thing the physician has to take note of in every case of disease." Now, this is all quite true when taken in the sense and connections and under the circumstances he annexes, but not when isolated from the context. We must not take one particular part of the *Organon* and, separating it from its connections, make it the basis of our principles and practice: we must take the whole in its completeness, and in its spirit as well as its letter; and by so doing we shall see that, though he insists that the morbid picture presented by the totality of the symptoms is the true index to the treatment, still he also as constantly and clearly insists that the *cause* must not be overlooked, but be taken into account and used as the key to the symptoms resulting therefrom; and which would otherwise not unfrequently be as a riddle without a solution. Even in the section from which I have taken the above extract, he stipulates that we shall have looked well to see "that no manifest exciting or maintaining *cause* is to be removed, ... and had regard to the possibility of a miasm, and paid attention to the accessary circumstances;" all this over and above taking note of the totality of the symptoms. And in the section but one preceding, he says: "Useful to the physician, as assisting him to cure, are the particulars of the most probable exciting *cause* of acute disease; as also of chronic disease, its fundamental *cause*." And we may ask, was it not the conviction of the great advantage derivable from the knowledge of the cause of the disease, as the key to the symptoms and treatment, that so rejoiced him at the thought of his having discovered the cause of all chronic diseases in his psora theory? He thought he had now got the key to the mysterious labyrinth of symptoms some-

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times presented by patients, which without some such leading idea, was not unfrequently almost meaningless, or at least very difficult to decipher. Hence he laboured incessantly and diligently to prove and substantiate his psora theory, and to select a class of remedies, based thereon, to suit all chronic diseases. And his treatment of these diseases, it must be acknowledged, was based more on the presumed cause than on the symptoms. We must also acknowledge I think, even though we question the truth of his explanation of it, that the idea presented to us in the psora theory is of much service in practice. And if a knowledge of the cause is important and useful in the treatment of chronic disease, it certainly cannot be a matter of insignificance in the treatment of acute disease, whether we regard it with reference to the accuracy or the readiness of prescribing. How much more readily and confidently do we prescribe for a given case after ascertaining that two or three days ago the patient got wet! Does not the fact of the wetting give us the key to the symptoms and treatment? This is duly recognized and insisted on by Hahnemann, as shewn by his remarks on typhus fever, where he says: "A few homœopathic remedies will cure even an epidemic typhus like that of 1813, in every patient infected with the disease, though each patient may exhibit different symptoms and may seem to be afflicted with a different malady.". We have thus both the precept and example of the master insisting on the recognition of the *cause* of a morbid picture as an important ingredient in the indications for the curative remedy. Indeed he here shows us that it is frequently this key to the symptoms that gives the decision in favour of some particular remedy, or class of remedies.

It is under these considerations that I venture to draw attention to the advantage of recognizing one common cause of a very great number of the diseases we are daily

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ON TAKING COLD,

called upon to treat, I mean "Taking Cold;" and of seeing one common pathological state at the bottom of all these diseases, I mean congestion or inflammation. To give an idea of how the frequently taking cold is the cause of disease, and of what a great number of diseases it is the cause, I need only refer to those very common diseases, chilblains, catarrh, bronchitis, pneumonia, phthisis, asthma, quinsy, sore throat, croup, pleurisy, rheumatism, erysipelas, neuralgia, tic-doloreux, toothache, headache, and the like, which form the bulk of our daily work, and which plainly arise from this cause; and many other diseases also, in which the cause is the same though less evidently so; for taking cold, like other causes, acts not only as an exciting but also as a predisposing cause of disease. Of some diseases, as pneumonia, it is always the cause; of others, as erysipelas and diarrhœa, it is only sometimes the cause: of some, as catarrh and bronchitis, it is the sole cause; of others, as phthisis, tabes, and dropsy, it is only a partial cause: of some, as rheumatism, erysipelas, and diabetes, it is an exciting cause; and of some, as rheumatism, asthma, diabetes, and the fevers generally, it is a predisposing cause. Indeed of all the numerous and varied influences that throw man into a state of disease, none are more potent or more general than those that induce the state known as "a cold." It is to taking cold that we must attribute about one half of the diseases that afflict humanity; but more of this in its proper place. It will be better here to define what I understand by the terms—taking cold. I understand by these terms that act by which is produced; firstly, local or general reduction of the temperature of the body and its results, namely, the production of a comparative coldness of a part or parts, with its necessary accompaniments of a checking or arresting of the vital actions going on there; and secondly, the necessary sequence of this,

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AS A CAUSE OF DISEASE.

namely, reaction to the opposite condition of comparative heat of the part or parts, with its necessary accompaniments of increase or alteration of the vital actions going on there. The following case affords an example of the local effects:—A lady riding home in the evening felt the wind through a broken window of the car beating on the right side of her face, which became thereby cold and slightly numb and stiff, but as the journey was short she did not alter her position. After being in a warm room a short time the right cheek and side of the face began to prick and burn; these increased during the night, and ended in an attack of erysipelas of the face and head: this was cured by *aconite* and *belladonna*. And the following case affords an example of the general effects:—A gentleman walked home from a dance on a cold night; he felt chilled and shivered a good deal, and had a contracted sensation about the chest; after having got home he became hot and suffered headache; in the morning feverish symptoms were present; cough supervened, and an attack of pneumonia was the result: this was cured by *aconite* and *phosphorus*.

Causes:—The means of taking cold, or the causes of cold, may be classified under three heads, namely, clothing, air, and water; that is to say, the uncongenial, untimely, or inappropriate use of these things induces the state known as "a cold.'

Clothing:—The clothing may be either insufficient or improper; and this insufficiency or impropriety may be either *constant*, as in leaving uncovered the abdomen, thighs, and legs of young children, and the neck, chest, and arms of children and young girls, and in the neglecting to put on flannels in winter; or it may be only *occasional*, as in the adoption of muslin and low-bodied dresses by ladies, and thinner neck-ties, vests, and boots by gentlemen for evening parties; and in the neglecting to add

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more clothing during sleep. The frequency with which disease results in children from the inhuman practice of leaving their digestive, genital, and respiratory organs, and their extremities exposed to the chilling blasts and varying temperatures of our atmosphere, is unfortunately too well known to need that I should enter into any proof; nor need I more than protest against the cruelty, to say nothing of the absurdity, of leaving those parts naked in children, that we find it absolutely necessary to clothe the most warmly in adolescence and adult life; and more especially when we reflect that in childhood the body is small, and the stock of animal heat insufficient, and the bodily growth in progress, and that growth is retarded and checked by cold and favoured by warmth; and still more especially inasmuch as there is absence of reason and experience to teach how to keep up the warmth of the parts exposed; whilst in adolescence and adult life the body is large and the stock of animal heat more adequate, the growth complete, and reason and experience possessed. For myself, I am convinced that very many of the cases of infantile diarrhœa, cholera, constipation, remittent fever, dropsy after scarlatina, marasmus or tabes, phthisis, catarrh, bronchitis, pneumonia, quinsy, sore throat, hoarseness, and ophthalmia result from this exposure; and that many a lovely child has been sacrificed to its mother's pride and her tyrant fashion.

Nor need I more than refer to the many cases of bronchitis, phthisis, pneumonia, and rheumatism that result from insufficient clothing, especially the want of flannel in the winter.

And again, it is scarcely necessary for me to refer to the great number of cases of catarrh, bronchitis, phthisis, sore throat, quinsy, neuralgia, headache, and toothache that result from the alteration of the dress for evening parties, concerts, and theatres; or to the great number of

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cases of neuralgia, headache, toothache, rheumatism, sore throat, catarrh, quinsy, and bronchitis that result from sleeping in the waking clothes, as for instance in the afternoon nap; I have myself known this to induce and keep up, in spite of all treatment, neuralgia, rheumatism, catarrh, and bronchitis to the induction of confirmed paralysis, asthma, and consumption.

Air:—The atmosphere may be the cause of cold under three conditions, namely, when too cold, when in too rapid motion, and when too moist. The air may be too cold though sufficiently still, as in a cold room without a fire in winter; at formal morning calls, especially when wanting food or flannel clothing; or by going into a cold bed-room to dress or sleep; from breathing too cold air when the bronchial mucus membrane is irritable and susceptible as in bronchitic, emphysematous, and asthmatic subjects; in these cases it may be avoided by the use of a respirator. I need not ask how many young ladies have suffered from these causes, bringing on catarrh, bronchitis, phthisis; painful, difficult, and suppressed menstruation; and the various neuralgias. The air may be too much in motion though ordinarily warm, as when coming in a current from an open window, door, or ventilator towards the fire-place. The air may be suitably still and warm whilst the body is driven through it too rapidly, as when riding in an open or partially open carriage, inducing faceache, erysipelas, rheumatism, &c. The air may be of ordinary warmth and stillness but the body too warm, as after a Turkish or other hot bath, and after too violent exercise, as running, cricket, &c. The air may be ordinarily still and warm but the body too still, as sitting a long time in one posture, as reading, writing, drawing, painting. Or the air may be damp, as in a mist, a damp house or room, or a house with a damp cellar; especially

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amongst the poor, who rush into new houses even before they are finished building.

Water:—As to water, it may be the cause of cold by being applied to the body either wholly or partially, as damp air, mist, rain, snow, damp bedding and clothing, especially boots not properly dried from the previous day's wetting; also by sitting on a damp seat, as in a car or on the floor at pic-nics, &c.

Now these unfavourable states of the clothing, air, and water being in constant operation, and no person being exempt from them, it is not to be wondered at that they should be such frequent and prolific causes of disease. The wonder is rather not that we should so frequently take cold, but that we should ever be free from it.

Diagnosis.—The symptoms or the evidence of having taken cold is in most cases the occurrence or coming on of the peculiar derangement, illness, or disease to which the individual is liable; if, for instance, a person liable to bronchitis finds himself with roughness, scraping, or dryness in the throat, he may be sure he has taken cold even though he cannot remember a cause or discover a reason: does a person subject to catarrh find himself sneezing and sniffing? he has taken cold, though he cannot tell how or when: does a person subject to quinsy find his tonsil swollen and his throat painful on swallowing? he has taken cold, though he may protest ever so against the possibility: does a person subject to rheumatism find pain and stiffness in the back or one or more joints? he has taken cold most certainly: does a person subject to diarrhœa find his bowels suddenly relaxed without a dietetic cause? he has taken cold in all probability: is a person attacked with headache, toothache, tic-doloreux, or other neuralgia? ninety-nine chances to one he has taken cold, though he may not think so, and may attribute it to his

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stomach, his liver, or his bowels: in short, whenever the peculiar weakness of the individual shows itself he may conclude he has taken cold, and ninety-nine times in the hundred he will be right. In the early stages of all these various diseases the pathological state is the same, namely, congestion or inflammation; and the symptoms those of these states, namely, a feeling of coldness, chill, creepings or rigors, followed by or alternated with a feeling of warmth or flushing of heat; and it is only afterwards that the special disease makes itself manifest.

PATHOLOGY.—The pathological states produced by taking cold are the following: namely, first paralysis of the nervous fibrils of the cells or the capillaries of the part or parts, then congestion of the capillaries, and afterwards inflammation with its results. The first effect of the operating cause is the checking or arresting of the cell-growth, or the diminution or destruction of the conducting power of the nerves; hence the chill, shiver or rigor from the recoil of the nerve-wave, and hence the checking of the vital actions or changes going on in the part or parts, whether one or many, whether small or great. In all cases I believe the impression is on the microscopic fibrils of the sympathetic nerves surrounding the capillaries, or those keeping up the vital action of the cells themselves; hence the congestion and its results. When the ganglionic nervous centres remain intact their influence, as a *vis a tergo*, is sometimes sufficient to overcome this check and restore the normal action—this is nature's cure, the *vis medicatrix naturæ*—sometimes it is only able to run the action off, at a tangent as it were, and produce some perverted action, hence the different fevers; and sometimes it is not able to do either, hence inflammation. The cell-growth being arrested the attracting power of the capillary circulation is lost, and the controuling power of the capillaries being in abeyance, the walls of these vessels give way to

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the *vis a tergo;* hence the congestion that follows, and the inflammation and fever that are lit up. This explains the origin and course of the primary symptoms, namely, the chill, shiver or rigor from the check or recoil of the nerve-wave, and the coldness and blueness from the depression and retardation of the circulation; and afterwards the nervous excitement and glow of heat with rapidity of the circulation and vital action, inducing inflammations and fevers. Such I believe to be the true pathology of taking cold, and the true nature of the beginning of all those diseases that result from taking cold; that in fact a congested and inflamed state is at the bottom, whatever the disease be, whether bronchitis, catarrh, rheumatism, erysipelas, toothache, or tic-doloreux; whether convulsions, diarrhœa, tabes, amenorrhœa, chlorosis, or fever; that the beginning of all that result from taking cold is the same, and requires the same treatment. And this is the key to the symptoms and treatment of the majority of the diseases we are daily called upon to treat; and the leading idea to which I wish to draw attention, namely, that as we have one common cause and pathological condition, we should give one common remedy.

Results.—The effects of taking cold or the diseases produced are many and various, and frequently serious and incurable, and not seldom fatal. Taking cold is mostly, if not always, the cause of the following diseases, namely, chilblains, catarrh, bronchitis, pneumonia, pleurisy, emphysematous asthma, phthisis, and almost all other lung-diseases; laryngitis, quinsy, sore throat, and croup; rheumatism, and lumbago; pericarditis, endocarditis, hypertrophy, and dilatation of the heart; erysipelas, tic-doloreux, headache, toothache, sciatica, and other neuralgias; convulsions, hydrocephalus, and paralysis; diarrhœa, dysentery, jaundice, bilious attacks, cholera infantum, and cholera morbus; ophthalmia, ozœna, polypus, otorrhœa, and

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deafness; peritonitis, ascites, and dropsies generally; hepatitis, nephritis, tabes, dismenorrhœa, amenorrhœa, abortion, and chlorosis; almost all inflammations, properly so called; and many fevers, as bilious, catarrhal, rheumatic, infantile remittent, and milk fever, and sometimes puerperal—a rather formidable list of diseases to result from one cause, and a very serious list too, seeing that these diseases caused, in round numbers, 339,000 of the 427,000, that is eight-tenths of the whole number of deaths given in the last report of the Registrar-General: and those of them that resulted exclusively from taking cold caused 73,399 deaths, that is nearly one-sixth of the whole number; but the number of *diseases* resulting from taking cold bears a greater proportion to the whole than do the deaths, because many of these diseases never do end in death; for instance, chilblains, tic-doloreux, headache, toothache, and other neuralgias; ophthalmia, ozœna, polypus, deafness, dismenorrhœa, and other disorders of menstruation. Having examined all the cases I treated last month (March), I find that those that have without doubt resulted from taking cold form very nearly one-half of the whole.

Prophylaxis.—The prophylaxis or means of preventing taking cold are the following, namely, exercise, baths, and food, and a due adaptation to the varying conditions of the air and water. As guardians of the public health, we should with all our patients, and especially in our own families, insist on the proper clothing of children and young girls, for the protection and development of their vital organs; as well as a means of assistance to their growth and strength as of preventing their taking cold. We should also deprecate the practice of washing in warm water, and advocate daily cold water sponging or bathing, and should draw attention to the variations in the atmosphere and explain their influence on the human body,

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and point out the necessity of regulating the clothing and habits accordingly, and explain to bronchial subjects the necessity of possessing, and the time and manner of using, a respirator. I am convinced that I have prevented many attacks of bronchitis by ordering a respirator to be put on before going out on a cold day, and before going into a cold bed-room. Whilst on the subject of respirators, I will record my testimony in favour of those manufactured by Jeffrey, and enter my protest against that shameful abuse of the name to the deception, disappointment, and injury of the public by the *so called* respirators, made of cork, hair, and such like substances; and I would refer to the necessity of our inquiring of our patients what kind of respirators they use. I once asked a girl, and she said it was one of her own making of layers of muslin; and another, that hers consisted of two small side-combs covered with black muslin. The absurdity and evil of all such appliances must be self-evident to every medical man.

Treatment.—The treatment of a cold, or the effects of taking cold, may be either domestic or professional. The domestic treatment has for its object the forcing of nature to enforce the return of the cells and capillaries to their normal action, and consists in increasing the *vis a tergo* of the nervous centres by the use of stimulants and other forcing appliances, such as hot spirit and water, hot tea, gruel, wine whey or posset, and a hot bath, or wrapping up in flannel, or some brisk exercise: and such means frequently succeed in removing the obstruction and congestion, and preventing the return of the chills or collapse, and thus they cure the cold and restore health. The professional treatment must of course consist in the use of the medicine or medicines whose symptoms and pathology correspond most closely with those of the case to be treated at the time the treatment is put into force. With respect to the treatment of colds we may distinguish two stages,

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namely: first, the onset of the disease—the simple cold—previous to the development of any special nosological disease; and second, the particular nosological disease developed. I shall confine myself almost exclusively to the first stage of a simple cold as it ordinarily shows itself, leaving the details of the after treatment of the nosological disease, and of the exceptions to the general rule, to be regulated by the symptoms presented and the constitution of the patient. What, then, are the symptoms and pathology of a simple cold? They are, whether the effect be general or only local, the symptoms of depression of vitality followed by reaction: there is, first, check or arrest of the cell-growth and capillary circulation, producing a chill, shiver or rigor or cold creeping, with pallor and shrinking of the part or parts; and then, secondly, excess of cell-action and capillary circulation in or around the part or parts, producing heat, pricking, tingling, with redness and swelling. The main and primary impress of the cause is felt by the nerves and capillaries of organic life, producing collapse: against this the organism reacts, the reaction being principally vascular, and generally running on to fever with inflammation of some distinct part. Now what medicine is it that most closely corresponds in its symptoms and pathology with this picture? I believe it is ACONITE. It is certainly not *belladonna*, for *its* main impress is not on the ganglionic or sympathetic nerve, but on the cerebral nervous system, and specially the sensory sphere; and its primary action is excitement, its secondary depression, and its reaction is principally nervous. It is not *nux vomica*—Curie, Laurie, Marcy, Pulte, Guernsey, Epps and others notwithstanding—for its main impress is on the spinal system of nerves, and its action primarily stimulant and secondarily exhaustive; and its reaction principally nervous, and specially of the motor sphere. Neither is it *mercury*, for its

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main impress is on the glandular and lymphatic system of nerves, and its reaction and fever nervous, not vascular. Nor is it *bryonia*, nor *dulcamara*, nor *tartar emetic*, nor any other medicine that does not expend its main force on the nerves of organic life distributed to the cells and capillaries, and that first as depression and afterwards as reaction principally vascular. A medicine to be curative of the effects of cold must operate on the same parts and produce similar symptoms: and of all the proved medicines that do so, none does so more characteristically than ACONITE, and no other medicine presents such a perfect resemblance to the picture presented by a cold; for *aconite* does not only operate on the same parts in the same way, and produce similar symptoms and pathological conditions, but these are presented in the same order, and follow the same course and progress, and have the same conditions and concomitants. The main action in both cases is on the nerves and capillaries of organic life, producing congestion, inflammation and fever, and the main symptoms those of these states; in both cases they resemble those of fright: the first symptom in each case is a chill, shiver or rigor with depression of vitality or collapse, and then reaction and flushing of heat, inflammation, and fever, with increase of vital action: in both cases the attendant fever begins with severe rigors, and is of an inflammatory character: in both cases the pains are as of a bruise: in both cases the symptoms are worse in the evening, in the open air, by alteration of temperature, and by movement; and are relieved by rest and warmth: and in both the results are similar, namely, more to light up the diseased tendency of the individual than to produce any particular disease. In fact, I believe the correspondence between the action of *aconite* and of cold-producing influences is closer than it is between these influences and any other drug; as Dr. Hempel says in his *Materia Medica*: "The

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first stage of an inflammatory fever is not a full and bounding pulse, a hot and dry skin, flushed face, and so forth; an opposite group of symptoms occurs. The patient experiences a chill or cold creepings along the back; he looks pale, hollow-eyed, the hands and feet are cold, the pulse is thin, feeble, rather slower than naturally, or at any rate not much accelerated. This condition is soon superseded by the opposite group of phenomena generally designated as fever. The chill is the primary effect of the disease, the fever constitutes a secondary effect, or the reaction of the organism. In selecting a remedial agent for this derangement, it should be homœopathic not only to the primary chill, but also to the secondary group, fever. *Aconite* is such a remedy. *Aconite* is homœopathic to the chill, which marks the first invasion of the disease, and to the fever which marks the beginning of the organic reaction. We are seldom called to a patient during the primary invasion of the disease: the organic reaction is generally fully established when we first see the patient. Nevertheless we prescribe *aconite*, knowing full well that the inflammatory stage must have been preceded by a chill The primary action of *aconite* upon the capillary nervous network of the intestinal mucous membrane is to induce torpor, such as might be considered analogous to the torpor induced by cold." And Dr. Reil in his *Monograph on Aconite* says: "Wherever the various forms of the preparations of *aconite* may be applied, the effect is everywhere the same. There follows no particular pain nor swelling, or, at most, a feeling of itching or pricking, a little like pain; but, instead of the feeling of pain, there arises soon after the itching and pricking, a sensation of dulness and numbness, and local paralysis of the nerves of the affected parts. *Aconite's* sphere of action is manifested principally in the ganglionic system, and exercises here its special influence

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upon the nerves of the capillary vessels, exciting fevers, congestions, and inflammations." *Aconite* is therefore *the* remedy for the commencement of a cold and the beginning of all diseases that result from taking cold, and it is in most cases of itself quite sufficient to remove all the evil and restore health, and thus prevent the necessity for any other medicine. Dr. Dudgeon, in the *Hahnemann Materia Medica*, says of *aconite:* "It may be looked upon as *specific* in catarrhal fever and in the catarrhal symptoms occasioned by cold, damp, or the like, which it will even *cut short.*" If the treatment is commenced in the chill stage I use *aconite alone*, in the 3rd centesimal dilution, in drop doses, and *always* with the effect of moderating, generally of completely preventing, the reaction; and mostly of obviating the development of any nosological disease at all, even though such had always been the result following a similar onset before: and if reaction is already set in, I still use *aconite* alone, and even then almost always with the same happy results; in this case I use the 1st decimal dilution: and even if some definite form of disease is already fully developed, I still use *aconite* in the lowest dilution, but now in alternation with some other medicine indicated by the other circumstances; as *phosphorus* for pneumonia and bronchitis; *belladonna* for congestion and inflammation of the brain, or throat, or eye; *dulcamara* or *veratrum*, or some other medicine, for diarrhœa; *rhus* or *bryonia* for lumbago or rheumatism; and so on, according to the symptoms. I think it is a mistake to give up the use of *aconite* on beginning the use of the more specific medicine, at least for a while.

So convinced am I that *aconite* is *the* medicine for the beginning of all colds, whatever form they assume or are to assume, that I impress on all my friends the necessity of *always* giving it at once and alone, on the least suspi-

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cion of cold: and so confident am I the majority of diseases that afflict humanity result from taking cold, that I impress upon them the wisdom of always using *aconite* for the first signs of illness of any and every sort; and if that does not afford relief or check the symptoms, then to call in a professional man; and I am certain I have witnessed the beneficial results of this injunction, for it has prevented them from trifling with the use of *mercurius, nux vomica, pulsatilla, chamomilla, belladonna,* and such like remedies. Some practitioners, and even Hahnemann himself, recommend *camphor.* Well, for the mere chill stage, without reference to the reaction, it appears and is homœopathic enough; but why use a remedy that is only homœopathic to one-half of the symptoms and pathological condition, when we have one that is homœopathic to the whole? *Nux vomica* is recommended when there is marked irritation of the Schneiderian membrane, producing sneezing, &c.; but these symptoms are quite as characteristic of *aconite. Arsenicum* is recommended when there is much excoriating discharge from the nose and eyes; but these symptoms are quite as much those of *aconite.* Though *arsenicum* corresponds in many respects, both in primary depression and secondary reaction, still its reaction does not sufficiently represent inflammatory fever or acute inflammation to indicate it for the general results of cold, and it is more suited to chronic than acute disease. Having always one and the same cause for the morbid state; and the earliest pathological condition and symptoms being always the same; and having one truly homœopathic remedy, why should we lose time and allow any serious disease to be developed, whilst dallying with a list of medicines amongst which we may be lost in choice? why not be content with one old and well-tried friend that will never betray our confidence?

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ON TAKING COLD,

I cannot more appropriately close this paper than with the excellent remarks of Dr. Dudgeon in the *Hahnemann Materia Medica.* He says: "It may be looked upon as specific in catarrhal fever, and in the catarrhal symptoms occasioned by cold, damp, or the like, which it will often cut short Inflammation of all parts of the respiratory apparatus are especially under its power, including croup, laryngitis, tracheitis, bronchitis, pneumonia, and pleuritis. In fact, to enumerate the diseases for which it is suitable would be to mention the acute inflammations of every possible organ and tissue in the body; and if it be not for all of these the sole remedy, it is almost always useful either previous to or in alternation with another remedy which has perhaps a more specific relation to the part affected."

The giving to this wonderful remedy its proper place amongst medicines, and so accurately demonstrating its true curative sphere, is of itself sufficient to add an immortal crown of glory to the head of Hahnemann; and had he done nothing more, he would have earned the thanks and blessings of millions of his fellow-creatures throughout all time, and have been the instrument under Providence of pointing out to suffering humanity one of the greatest blessings a benevolent Creator has conferred on his frail and mortal creatures. He very justly places it the first and at the head of all medicines in his *Materia Medica,* not because of its name beginning with "A," but because of its majestic power and important sphere of usefulness: he calls it a "precious plant," whose "efficacy amounts almost to a miracle."

In the discussion that followed, Mr. Moore thought the state of the digestive organs had much to do with the liability to take cold, and that the resisting power of the

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system was in proportion to their vigour. He thought *camphor* preferable to *aconite* in the chill or first stage, in five-drop doses of the tincture every half-hour until reaction; and next to *camphor, arsenicum;* still for the whole disease *aconite* was perhaps the remedy.

Dr. Norton thought that being out of health constituted the liability to take cold, and that according to the organ deranged so would be the effect of taking cold. He agreed with Mr. Moore as to the power of *camphor,* though for a general popular remedy he gave preference to *aconite.* Some excellent practitioners he said, amongst whom is Dr. Chapman, speak highly of *dulcamara,* but he had not found it of great use; he had, however, found *nux vomica* very useful. He considered vesicles on the lip as one of the slightest, and pneumonia as one of the most severe, effects of taking cold.

Mr. Willans agreed with Dr. Hayward's opinion of *aconite;* and he remarked on the air of a room in which a fire has been lighted the first time for a season being thereby made damp, and so a cause of taking cold.

An allopathic medical friend present, said he had been highly pleased with the well and admirably digested Paper. It was highly scientific, and presented an admirable pathological explanation of the causes and effects of taking cold. Though not a homœopath, he could himself speak of the immensely powerful effects of *aconite,* in serious inflammations of the chest especially, in which he himself had exhibited it, and was remarkably struck with its immediate and rapid action—reducing the pulse from 120 to 90 in a remarkably short space of time. And he believed it was getting into more general use amongst the profession generally.

Dr. Simmons was much pleased with the Paper, and agreed with Dr. Hayward as to the place and power of

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aconite, but inquired if it were advisable to give much *aconite* to men exposed in business; would it not be liable to render them more susceptible? As to *camphor* in these cases, he looked upon it more as a stimulant, like brandy, than a homœopathic remedy; because, to be effectual, it must be given in five-drop doses. He had been disappointed in the use of *bryonia*, but had found *belladonna* and *mercurius* beneficial after *aconite*. He could confirm Dr. Hayward's remark as to insufficient clothing of the lower part of the body being a cause of amenorrhœa.

Mr. Tucker remarked that at the Dispensary the cases were not met with in the chill-stage but in the stage of reaction, in which he found *aconite* to be the remedy, and afterwards *belladonna* and *mercurius*.

Dr. Drysdale thought it very useful thus to have our fundamental principles reviewed occasionally. He quite expected, however, that Dr. Hayward would have referred to the false grounds on which *dulcamara* has been recommended, namely, that the symptoms were those of a patient who, whilst taking *dulcamara*, sat in an open window and took cold, and put the symptoms down to *dulcamara*. He entirely agreed with Dr. Hayward that it was far better to have *one* remedy to recommend to the non-medical public, for telling them of many was worse than telling them of none; and he should himself, therefore, in future recommend *aconite* alone, which he agreed was the best medicine for the purpose. He had frequently seen *camphor* cut short coryza and diarrhœa; but as a cold is a febrile disease, no medicine is more generally useful than *aconite*; its really homœopathic action corresponds, however, more with the hot stage: *camphor* corresponds more with the cold stage: and to persons still exposed to change of temperature he preferred to recommend *camphor*, because *aconite* might not be borne; but

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if kept within doors and in in equable temperature he would give *aconite.*

Dr. Hayward, in reply, thanked the Society for their kind acceptance of his Paper, and he felt particularly honoured by the presence of his allopathic friend, and by his confirmatory remarks; and he had perfect confidence in recommending to him the more frequent use of *aconite* for the effects of taking cold, and in assuring him that the more frequently he used it for these symptoms the more frequently would he be delighted with its action. He did not share the fears of Drs. Drysdale and Simmons, that the use of *aconite* for the morbid states named would render the patient more liable to take cold, because if properly used it would only remove the morbid symptoms to which it was homœopathic, and leave the system otherwise as it found it. He quite agreed that *camphor* is really homœopathic to the stage of depression, but he contended that it is not so to the stage of reaction, and, therefore, not to the whole disease, and so not the best remedy; for why use a remedy only suitable to half the disease when we have one that is suitable to the whole? *Camphor* is, however, truly *homœopathic* and not only a stimulant: he knew of no remedy so homœopathic to chills and rigors; the dose required did not interfere with this homœopathicity, it only added another testimony to the fact that the dose is still a matter of experience.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE usual half-yearly meeting of this Association was held at Doncaster on the 13th of last month. Dr. Evans of Bradford occupied the chair, and there were present Drs. Dunn, Pyburn, Cameron, Wilson and Ryan, and

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NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

Messrs. Fraser and Pope. Dr. Tuthill Massy attended as a visitor.

Dr. Cash of Matlock was admitted a member of the Association.

A paper was read by Dr. Evans of Bradford on the imperfect state of our Materia Medica. Dr. Evans alluded principally to the redundancy of trivial symptoms; to the absurd nature of some, and the impossibility of others having really been observed. The necessity of some better plan of arranging the provings, of the elimination of the chaff from the wheat in the records of the action of our drugs, and of a work which shall point out the medicines really useful in individual forms of disease, were particularly insisted upon.

This very important subject was discussed with considerable animation. The want of a systematic treatise, the difficulty attending the sifting of the pure from the impure symptoms in the Materia Medica were urged on the one hand, while the valuable practical results which had followed dependence upon the provings as they exist, the fact that the *Austrian Proving Society* had in their re-provings so fully corroborated the observations of Hahnemann and his disciples, and the great difficulty in deciding what symptoms really are trivial, so many of these having in individual cases proved anything but of slight value, were advanced in reply.

At the conclusion of the discussion, Dr. Tuthill Massy introduced to the notice of the meeting a very excellent and useful bandage from Java, called in the Malay language of that island—Goerita. The bandage is chiefly used for lying-in women, but may be adapted for an abdominal support; it is eighteen inches wide, and made long enough to overlap in front of the abdomen, where it terminates in eight fingers or divisions, which are carefully drawn over each other and secured with pins.

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NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

In the Dublin Lying-in Hospital, which is certainly one of the best in Europe, women are bandaged while resting on the left side, but in Java the Goerita is put on while the patient reclines on her back. The bandage is drawn under the hips, and about four inches below the great trochanter, where the first division is seized, drawn firm and secured; the second and third fingers are equally well and securely fastened; the fifth and sixth are more securely drawn, while the seventh and eighth are more moderately tightened.

The Goerita is made comfortable twice a-day: in the morning the doctor or nurse stands at one side of the bed or couch, while pinning the fingers from the opposite side over those on the near side. In the evening those offices are performed on the other side of the patient, thereby ensuring a harmony of action within the abdomen.

The lady who has brought this bandage into use in Holland and Germany now resides in England, and has for many years visited the poor lying-in women at Walton-on-Thames, and there bestowed much kindness on the sick. She has assured me that her friends who have adopted this bandage have thereby retained their original shape; but she insists on the bandage being worn for two months after confinement.

In deciding on the next place of meeting, a resolution proposing to hold it in York during the sittings of the Social Science Association in September, and inviting the attendance of the other homœopathic practitioners, was negatived; and Sheffield was selected. The meeting to be held on the second Friday in October. Dr. Scott of Huddersfield was elected President, and Dr. Pyburn Vice-President. An excellent dinner at the Royal Hotel brought a most agreeable and successful *réunion* to a close.

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HOMŒOPATHY IN THE TREATMENT OF DISTEMPER IN DOGS.

Mr. Davis, the well-known huntsman of Her Majesty's buckhounds, is, we are informed by the May number of the *Sporting Review*, a staunch homœopath. During last season he only lost three whelps from distemper. Under the old calomel system, our contemporary observes he formerly lost half of his young hounds. He relies upon *aconite* in the first stage, and then trusts to *phosphorus*. Mr. Davis has been conected with the royal kennels for upwards of sixty years, and is one of the finest horsemen and best judges of hounds in England. His testimony of the relative value of the old and new methods of treatment is therefore of considerable weight. Imagination cannot have had much influence in the cure of Mr. Davis's whelps! Will Dr. Routh, or any other ingenious speculator on the cause of recoveries from disease in patients treated homœopathically, on the supposition that homœopathy is a fallacy, say that it had?

OPPORTUNENESS IN THERAPEUTICS.

Dr. Durand-Fardel, at the Academy of Medicine, recently read an interesting memoir on "Opportuneness," which really means the adaptation of the remedy to the current symptoms of the disease. "Thus," he says, "if mineral waters often prove ineffectual, and sometimes even dangerous, the fact is due to ignorance or carelessness as to the period of disease at which they should be resorted to." "In affections marked by incidental and transient aggravations, the use of mineral waters is improper except at the periods most distant from such aggravations."

SNAKE-POISONS.

Dr. Desmartis, of Bordeaux, an allopathic physician, has just published a treatise, shewing that the action of the animal poison

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of different reptiles is very far from being the same. Thus, Cleopatra's *aspic* causes apoplexy; the *horned viper*, spasms; the *dipsas*, sore throat, with excessive thirst; the viper, jaundice; the lætaen of Arabia, general tumefaction of the body; and other kinds of serpents, lockjaw or mortification. The author observes that these various effects might be taken advantage of in medicine [but how, if not in accordance with the homœopathic law?]; and suggests inoculation, in given cases.

OBITUARY.

THE LATE DR. JOHN RANKINE.

Many of our readers must have noticed with unfeigned regret, in the columns of our paper a short time ago, the death of this most amiable and estimable physician. Although for a considerable period, on account of his shattered health, he had not been able to carry on any regular public practice; yet, by his connection with the Homœopathic Dispensary of this city, he had endeared himself to not a few who had flocked to that institution for the benefit of his professional skill and advice. The uniform kindness of his manners, the large-hearted generosity of his nature, and the utter unselfishness of his disposition, together with his humility and pure integrity, did not fail to gather around him many, not simply in connection with the institution in which he took such a lively interest, but in all circles, who now sincerely mourn his loss.

Dr. Rankine was a native of Ayrshire, and was educated in our venerable University. Some of his fellow students and companions, who survive him, have risen to considerable distinction in their profession, among whom may be mentioned Rev. T. Dymock, Dr. Panton, and Dr. Roxburgh, of this city.

In the early part of his professional career he went to South Australia, then a young and rising colony, and settled down near Adelaide, where he purchased the estate of Blackwood, and

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carried on an extensive business as a stock and land holder. There he was universally beloved by all classes, but especially by the poor, who shared in the blessings of his unostentatious and unstinted benevolence. Twice over he was returned as a member of the Colonial Parliament for the county Hindmarsh by a large majority. After the lapse of years, however, his health failing him, he came back to this country in 1857, followed by the most tender regards and best wishes of a numerous company of friends whom he had left behind. On his arrival here he was induced to try a course of homœopathic treatment, with the view of at least improving the broken state of his health; and the result was such as to direct his mind to the study of the whole subject, which ended in his adoption of homœopathy altogether. Having derived benefit himself from this mode of medical treatment, he felt anxious to be useful to others; and so having put himself into connection with the Glasgow Homœopathic Association, he became their dispensing physician. It was here his professional usefulness was mostly felt and appreciated by considerable numbers who regularly waited upon him for his medical advice. But latterly his own physical debility prevented him from devoting that time and energy to the practice which certainly his love for it would have dictated. On account of the precarious state of his health he was frequently interrupted in his work, and necessitated to travel about on the Continent—always, however, pursuing at intervals, with lively zeal, the study and practice of homœopathy. And it may not be generally known that, not being dependent upon his profession, many among the poorer classes received gratuitous benefit from his treatment, who now live to bless with heartfelt gratitude his memory.

The last illness of Dr. Rankine took place in December last, at Helensburgh, whither he had gone to reside for a few months, It was heart disease, of long standing; and after lingering about three months, attended by every available advice and comfort, he departed this life on the morning of the 15th March, in perfect peace, and in the blessed hope of a glorious resurrection.

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OBITUARY.

The main feature of Dr. Rankine's life and character was his constant anxiety to help the poor, by bestowing upon them generous and judicious gifts. Many—not only here but in Australia—have had their condition bettered and their prospects brightened, by his lending them a helping hand—by giving them, as he himself would have expressed it, "a lift with the burden of life's difficulties." Especially in this respect, in the case of young men aspiring to some profession (and in this he was an example to many of our wealthy merchants to imitate), he was particularly willing and anxious to assist, both by his patronage and by his purse; and yet in all he was remarkably quiet, modest, unegotistical, and humble. His great principle was ever to abound in generous deeds, ever to be helpful to the poor, particularly in the case of widows and orphans; and yet, amid all, never to allow the left hand to know what the right hand did. His christianity was one eminently practical, endeavouring to do the works of the Master while it was called to-day; while his worship was remarkably a thing more of the life than of the lip. And now, when he has left us, we feel how appropriate these words of Scripture are in his case—"They rest from their labours, and their works do follow them." He leaves a widow and adopted daughter to mourn their irreparable loss.—*The Glasgow Daily Herald*, May 14th.

JOHN JOCE, ESQ.

We have to announce the death of our colleague, John Joce, Esq., M.R.C.S.E., of Colchester. Mr. Joce practised as a homœopathist, formerly at Barnstaple, then at Chester, and for some years at Colchester, where his loss is already much felt among his late patients.

The steadily increasing practice of the late Mr. Joce has opened a promising field to any one looking for a sphere of labour: and we understand that Mrs. Joce will be able to introduce the successor of her late husband, with considerable effect.

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DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c.
Evan Fraser, Esq., L.R.C.S. Edin.
Treasurer—John Skilbeck, Esq.
Honorary Secretary—John L. Seaton, Esq.
Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of March	708
Paying 1s. 6d. per month	556
On Subscribers' recommendations	152
Discharged cured	105
Relieved	12
Ceased attending; result unknown	38
Still under treatment	266
Visited during the month	12

Number of patients attending during the month of April	634
Paying 1s. 6d. per month	485
On Subscribers' recommendations	149
Discharged cured	97
Relieved	10
Ceased attending; result unknown	45
Still under treatment	268
Visited during the month	11

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION, Bagnall Street, Hanley.

Physician—George Moore, M.D.
House Surgeon—Mr. Atherton, M.R.C.S.
Chemists—J. B. Rowley & Co. *Hon. Sec.*—E. Pamphilon, Esq.

Report for Month ending April 1864.

Old patients attending	806
New ditto admitted	108
Total	914

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THE MONTHLY
HOMŒOPATHIC REVIEW.

HOMŒOPATHY
THE SCIENCE OF THERAPEUTICS.

By Carroll Dunham, M.D.

Our highly esteemed colleague, Dr. Carroll Dunham, has published, in the form of a pamphlet, this excellent paper, which first appeared in the pages of the *American Homœopathic Review.*

Apart from its own philosophical merits, the essay carries with it a considerable amount of interest, derived from its kindly dedication to our English colleague, Dr. Chapman; and because of its own value, and its association with the name of a homœopathic physician so well known as Dr. Chapman, we are anxious to give it all the publicity which our pages can command. We venture, therefore, to give the essay in full, together with the following dedicatory epistle to Dr. Chapman:—

To M. J. Chapman, A.M., Cantab., M.D., Edin.

Dear Friend and Colleague:

If I show presumption in honoring these pages by the prefix of your name, I may plead in extenuation that they were in some sort written at your instigation.

When I had the pleasure of personal intercourse with you (now ten years ago) you frequently gave me the following advice: "make a study of Hygiene in its relations to Medicine!"

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One could not proceed far in such a study, involving as it does the entire philosophy of the art of medicine, without being compelled to meet the following questions which have perplexed and still perplex and divide our school:

Is the homœopathic law of cure sufficient for all the procedures required in the treatment of the sick?

Or is it, on the contrary, only a part of a still broader generalization?

Or, again, are there *other* laws which are *sometimes* to be our guides in Therapeutics? and if so, *when* are they to be used?

Are so-called "auxiliary" means ever requisite, and if so how does this fact affect the jurisdiction of the law of cure?

Those who give only a *limited* jurisdiction to the therapeutic law deduce their *faith* from their *practice;* but they have never given a satisfactory definition of the *boundaries* of this limited jurisdiction.

Those, on the other hand, who claim exclusive dominion for the Therapeutic law, belie their faith by their practice, for in treating the sick they do, as a matter of fact, avail themselves of means and methods which are not authorized by this law.

Yet neither party should be called dishonest. The truth is their clinical instinct, their practical sagacity, has outrun their philosophical acuteness. Each party felt its way nearly to the true ground, but neither has succeeded in vindicating its claim to consistency in occupying that ground.

The result has been, on the part of homœopathic practitioners, an uncertainty of their true position in relation to old school medicine, and consequently, a degree of distrust on the part of the community.

It has seemed to me that these difficulties might be removed and the perplexing questions fairly answered by an elaboration of the nature and relations of the sciences of Therapeutics and Hygiene, which should show,

That *Therapeutics* concerns herself only with the discovery and selection of an individually-specific remedy for each individual case of disease; which is done in accordance with a Therapeutic law. This law may be the Homœopathic formula

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or it may be some broader generalization—but there can be but one law of this kind.

That the province of Hygiene is to discover whatever causes may have contributed to induce or perpetuate the diseased condition and if possible to remove them;

That *Hygiene* alone is sufficient to restore many sick persons to health, and that it is in most cases an indispensable aid to Therapeutics; that, therefore, the practising physician is at one and the same time Hygienist and Therapeutist, employing often, therefore, for the same case both specific remedies and various "auxiliaries;"

That in so far as Hygiene is concerned, Homœopathists and Allopaths occupy common ground—the philosophy of the science being the same for both, however modified and shaded in practical application by the different therapeutics of the two schools.

That in Therapeutics alone, that is, in the discovery and selection of the individually specific remedy for each individual case of disease, do we differ radically from the old school of medicine—the Allopaths having in fact no science of Therapeutics whatever, *their philosophy of cure being an application of the principles of Hygiene to all diseased conditions.*

The natural sequence of a study of the philosophy of the science of Therapeutics is the question how to make a practical application of it in the treatment of the sick. I have therefore written of the study of the Materia Medica.

Should the views I present throw any light upon these subjects, I shall have to thank you for the direction given to my studies. Should they prove worthless, you will join me in hoping for a sounder fruit from the labors of the next decade.

CARROLL DUNHAM.

New York, January, 1863.

Homœopathy claims to be "the Science of Therapeutics." This claim involves the assumption that prior to the establishment of Homœopathy on a scientific basis, Therapeutics,

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as a science, had no existence. It is incumbent on Homœopathists to show the justice of this assumption. To accomplish this it will be necessary to prove that such a science is possible, to demonstrate what its nature and conditions must be, and to show that medicine hitherto has not furnished the means for the construction of a science which fulfils these conditions.

It is the object of this paper, first, to discuss the nature and conditions of the only possible science of Therapeutics, to show that these conditions are not fulfilled by what is called rational medicine, and to inquire in what degree they are fulfilled by Homœopathy. And, second, to examine the methods by which this science may be most successfully studied and made subservient to the practical art of medicine.

But on the threshold of the discussion we are met by the necessity of defining the term Therapeutics. It will be found that, though still sufficiently comprehensive, it is used by us in a much more restricted sense than that which, in popular thought, is attached to it.

Therapeutics being etymologically the science of curing diseases, it would seem to comprise the entire function of the physician. It is evident, however, on slight consideration, that the medical man in general practice brings into requisition too great a variety of scientific knowledge to admit of comprehension under a single term. To show how great this variety is and at the same time to give an indirect definition and limitation to the term Therapeutics, let us analyze a series of cases which shall not be *ideal* cases, but drawn from records of actual practice.

The physician is called in haste to an elderly person whose only intelligible complaint is of great anguish in the præcordia, and which appears by its violence to endanger his life. If he be in immediate danger of death, the state of his affairs renders it desirable that his family should be

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informed of the fact and how long he will probably live. The *prognosis* is demanded and its correctness is a matter of great importance. The medical man must rely on his knowledge of Pathology* for a conclusion respecting the nature, cause and probable termination of the disease. With this, if it be a fatal case, the function of the physician ends. Yet how important may this function be to the survivors! Here is as yet no question of Therapeutics. It is merely a problem in the natural history of disease which the physician regards just as a Naturalist would a problem in Physics, and just as if the idea of curing disease had never entered the head of man.

Again, he is called to a man who lies in an epileptiform convulsion. It is well known that convulsions may arise from the most various proximate causes. They may result from physical irritation of the nervous centres or of the extremities of the nerve-filaments, and in this case they will cease to recur so soon as the cause of irritation is removed; or, on the other hand, from modifications of the vital functions, such as are beyond our observation and which we can rectify only indirectly by the action of specific agents. The first problem before the physician is to determine by a study of the phenomena which the patient presents, to which of these great classes the case before him belongs. It is indispensable to determine this question, because the treatment of the case must depend directly upon it—in the former case it may be mechanical or hygienic; in the latter it must be therapeutic. He

* Throughout this paper, as always by its author, *Pathology* is used with a meaning totally distinct from that of *Pathological Anatomy*. The former is the science of *morbid processes* and *functions* and is *abstract;* the latter is the science of *morbid organs* and *tissues* and is *concrete*. A corresponding distinction obtains between Physiology which is the science of *healthy processes* and *functions* and Physiological Anatomy, which is the science of healthy *organs* and *tissues*.

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determines, we will suppose, in the case before us, that the convulsion is eccentric in its origin and reflex in its nature, and he sees reason for suspecting that it depends on some cause of irritation in a nerve-filament of the lower extremity. He seeks, in the history of the case, and by a physical examination for this irritating cause, and discovers that the patient had, years ago, received a gunshot wound in the thigh. There is no evidence that the ball was ever extracted. A close examination seems to confirm the conjecture that it still lies imbedded in the muscles of the thigh. An exploratory operation is performed and the ball is actually found lying upon a branch of the sciatic nerve. It is removed and the patient has no more convulsions.*

In this case the physician's knowledge of pathology enabled him to discriminate between the varieties of convulsion as to their proximate causes; his acquaintance with physiology familiarized him with the phenomena of reflex-nervous action and enabled him to detect the seat of the irritation, and finally his dexterity in practical surgery placed it in his power to cure the patient of a dreadful malady. But, in this case from beginning to end, Therapeutics were not called into play.

Again, the patient, a child of two and a half years, is subject to epileptiform convulsions, which occur daily, often twice a day. They first appeared when the child was fourteen months old and soon after it was weaned. They are now producing a very sad effect upon the child's intelligence. The same question of proximate cause, which the last case gave rise to, suggests itself, first of all, to the mind of the physician. Careful investigation satisfies him that there is probably a constant or a frequently repeated

* This occurred in the practice of a distinguished surgeon of Massachusetts.

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source of irritation in the digestive apparatus. What so probable cause of irritation in these organs as improper food? The question is put at once, "What food does your child take!" "Nothing whatever, except molasses cake and milk." "How do you make molasses cake?" "Three cups of flour, one of butter, one of milk, one of molasses, one egg and a teaspoonful of pearlash!" "Very bad for your child! Give it good wheat bread and milk and nothing else, except this powder" (of sugar of milk as a placebo). The diet of the child is thus reformed, but no medicine is administered and the case is carefully watched. For one week the spasms steadily decrease in frequency and in violence, at the end of that period they cease and they never recur.* Thus an abnormal state of things, which would certainly have had a fatal issue, is rectified by the application of a knowledge of Physiology, Pathology and Hygiene; but Therapeutics has no part in it.

Errors in diet being perhaps the most numerous of all of which the community are guilty, instances like this might be accumulated to an indefinite extent. It is clear that a large part of a medical man's practice is made up of similar cases, and consequently that a great many serious cases may be successfully treated without recourse to medicine—without the aid of *Therapeutics*.

Again, a patient presents herself with the following history: Within three months she has rapidly emaciated; her sleep is disturbed, her appetite gone; she has night-sweats, is prone to diarrhœa; takes frequent deep inspirations, which fatigue her; has a dry, hacking cough; complains of extreme weakness and despondency. A careful physical examination fails to discover organic disease of

* This case occurred in 1857. There has been no recurrence of spasms. The child on good diet is healthy.

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thoracic or abdominal organs, nor does an investigation of her domestic or social relations disclose any source of mental or affectional anxiety. The case is perplexing as to its inducing cause, and the physician inclines to ascribe it to dynamic causes and to have recourse primarily to specific remedies for its cure—in other words to call Therapeutics to his aid—when he discovers that the patient is nursing an infant of twelve months. Her milk is very abundant, but a microscopic examination shows that it is extremely deficient in oily matter. It is now clear that the patient is unequal to the drain to which nursing subjects her; she is suffering from consequent anæmia. It is ordered that she wean her babe at once. As soon as she does so, appetite returns, the cough and night-sweats disappear, and strength and flesh are restored. Now it is true that, in such a case, the decline of vigor may be *retarded* and after weaning, the restoration may be *accelerated* by a judicious application of Therapeutics; but it is unquestionably true that Therapeutics would play a very subordinate part, since no administration of medicines could be an offset to the drain which is exhausting the patient.

In cases of similar exhaustion, facial Neuralgia of a regularly intermitting character sometimes occurs and bids defiance to Therapeutics, the patient meanwhile declining rapidly in strength and health until, medicine being perhaps altogether discarded, but the patient induced to wean her infant and thereby enabled to take hearty food, strength and flesh return, and the Neuralgic pains cease. In this case, also, the restoration may be *accelerated* by a judicious recourse to Therapeutics, but here too Therapeutics must be subordinate to Hygiene.

Once more, a patient, who exhibits signs of depraved nutrition, complains of a burning pain under the angle of the right scapula, with a tight aching across the back

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between the scapulæ. I fear that repeated prescriptions will fail to relieve this burning pain unless the physician's knowledge of pathology shall have suggested to him that the symptoms result ultimately from a too steady use of the needle with too rapid a motion, and unless his skill in Hygiene shall have enabled him so to order her mode of life as to combine due recreation and exercise in the open air with her necessary labour. Here, as in other cases, Therapeutics may of course come in and play a subordinate part.

Finally, a patient has severe darting and aching in the shin, especially at evening, with coldness of the extremity, and, after the pain has lasted an hour, great sensibility to touch, relieved by warmth and by continued motion. This case has been treated by a variety of Therapeutic agents in the hands of several learned practitioners, but with no success. It is noticed that the patient, in the course of his business, incurs great exposure to dampness and cold. A woollen stocking is advised, and he enjoys ever after adopting it almost complete freedom from suffering, and which is rendered absolutely complete by a few doses of Rhus tox. It must be remarked that this remedy had been previously administered in every variety of potency and dose.

Instances of a similar character to these might be indefinitely multiplied. They go to show—not that medicines are vain or unnecessary—but that very many cases of severe suffering and even of what threatens to become fatal disease occur in general practice, which call for and are successfully met by the application of scientific knowledge apart from Therapeutics. They show that an extensive and thorough knowledge of Physiology, Pathology and Hygiene are indispensable to the physician, to enable him to make that preliminary analysis of a case by which he shall determine under what category the case belongs,

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and whether or not it calls for treatment by medicines in part or entirely, whether it comes under the domain of Therapeutics or not. They show, moreover, that, in as much as Homœopathy directly involves the science of Therapeutics alone, there is a large field which is occupied and cultivated in common by Homœopathists and practitioners of the old school. They serve in part, also, to mark the boundaries of that field in which "Rational Medicine" may legitimately claim dominion, in which her chief honours have been won, and in which the great advances which she boasts of having made in the treatment of diseases within the last thirty years have almost exclusively been achieved—the field of Hygiene. It is fitting that we study for a few moments this territory of Hygiene which is common to practitioners of all the varieties of Therapeutic faith and practice; this science on which, together with the science of Therapeutics, the whole art of medicine is based; its subjects, limits, conditions and mode of growth.

THE NATURE AND LIMITS OF THE SCIENCES OF HYGIENE AND THERAPEUTICS.—The living organism possesses a susceptibility to the action of certain general stimuli such as light, heat, electricity, aliment, atmospheric air, etc. The action and reaction of these stimuli and this susceptibility are the conditions of life. So long as they act upon it in a due relative proportion as regards intensity and quantity, the equilibrium of the functions is preserved and the organism continues in healthy action. The absolute withdrawal of one of the stimuli for any considerable length of time results in death. A disturbance of their due proportion in respect of intensity or quantity produces an abnormal performance of function in the organism—a deviation from health—disease. But these stimuli are continually varying in proportion, or, in other words the relative susceptibility of the organism is continually

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changing. Why does not disease constantly exist? Because the organism is endowed with either a faculty of provisionally supplementing to a limited extent one stimulus by another or with a kind of elasticity, a power of enduring for a certain time a disturbance of the equilibrium of these stimuli, and of rebounding to a normal performance of functions again so soon as the natural proportion of the stimuli is restored or the deficiency made up. In this respect the living organism differs from an inorganic machine which cannot, in the nature of things, possess any power to endure a disturbance of that equilibrium of forces which is the condition of its normal working, without a disorganization from which it has no inherent power to recover.

But, in the organism this elasticity has its limits. This "*vis medicatrix naturæ*" is not inexhaustible. If the due proportion of the stimuli remain too long disturbed, the functions of the organism become permanently deranged —at least to such an extent that no restoration of the balance of the stimuli will cause a return to their normal performance. The functions are and remain deranged—disease has occurred; or, if we choose to call *every* deviation from a state of equilibrium disease, then we may say that now disease ensues which has no tendency to revert to health, without the intervention of some extraneous influence foreign to the organism and different from the general stimuli aforesaid. Since, then, the general stimuli will not bring back the organism to a healthy action, a new element must be sought for and introduced, the action of which upon the susceptibilities of the organism may cause a restoration to health. This new element will be a *special* stimulus. Being foreign to the organism and different from the general stimuli, not only must it act upon susceptibilities in the organism which the latter do not awaken—but the formula which shall express its rela-

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tions to those susceptibilities, and which shall furnish the rule for its employment, can never be discovered by a study of Physiology, for Physiology concerns herself with the relations of the *general* stimuli aforesaid and the *general* susceptibilities of the organism. This formula of the relations of *special* stimuli and *special* susceptibilities can be discovered only by the application of induction to a multitude of instances of the action and reaction of *such stimuli* and *susceptibilities* and confirmed by subsequent deductive verifications. This formula will constitute an empirical law, which will be the law or fundamental principle of *Therapeutics*. For the application of *special* stimuli to the *diseased* organism is the domain of the *science of Therapeutics*, while all that concerns the *restoration and maintenance of a proper equilibrium of the general stimuli* appertains to *the science of Hygiene*.

These propositions may be more intelligible if illustrated by a reference to daily experience. A healthy man is exposed to an unusual degree of cold; in other words, there exists for him a deficit of heat, one of the *general stimuli* which are necessary to maintain life. Nature has anticipated variations in the supply of this stimulus from external sources by her liberal provisions of calorific apparatus within the organism. Despite the operation of this provision, he is chilled, and suffers from rigors, etc. After a time he seeks shelter, sits by a fire, takes a warm drink; in other words receives from external sources an excess of that general stimulus from deficiency of which he has been suffering. His functions resume their normal play. He is in perfect health. Here the equilibrium of the functions has been disturbed and (if we use terms with extreme rigor) disease has been produced, but not to a degree beyond the provision of the *vis medicatrix naturæ*, the natural tendency to a restoration of the balance of the functions. The case was treated upon

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"general principles" in accordanoe with the maxim *causâ sublatâ tollitur effectus*. And this maxim represents, in fact, the great law of Hygiene, viz.: that it be ascertained what stimulus has been deficient or excessive in quantity or abnormal in quality and that the equilibrium of the stimuli be restored.

But let us suppose that the same man has again been exposed to cold perhaps to a greater degree. He seeks shelter and essays to restore the lost heat, but without avail. Despite the fire and warm drinks, the rigors continue, and are succeeded by fever and quickened respiration, cough, &c., or by rheumatic pains, redness, and swelling, &c. Why this difference between the cases? This case too has been treated on "general principles." The cause has been removed, why has not the effect ceased? The equilibrium of the general stimuli has been restored and the loss made good, why is not the normal equilibrium of the functions re-established?

The normal proportion of the general stimuli, it is true has been restored, but during the disturbance a *new element* had been introduced into the problem. The organism had suffered a dynamic, and then an organic change. The functions are permanently modified. The general stimuli may henceforth be balanced never so carefully, and in strictest accordance with the rules of Hygiene; the organism will not respond.

Its functions are performed after a new fashion. The organs are not susceptible to the wonted stimuli applied according to the laws of Hygiene. The organism has passed from a state of health into one of permanent disease. The general stimuli which, modified and balanced under the laws of Hygiene, sufficed to steady it as it rocked and swayed in its rapid course along the rough and crooked railway of life, will no longer answer the purpose, for in its rocking it has run off the track and is

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now bumping along over the cross-ties, making headway it is true, but towards its own destruction. It needs now the intervention of some new agent acting under a new law—of a jack-screw and levers operated by forces from without—to reinstate it on the road of healthy action. The wonted general stimuli under the laws of Hygiene being insufficient, *new* stimuli of a *special* character must be applied according to a *new* law. This new law, whatever it be, is the Therapeutic law, and these new stimuli are Therapeutic agents, and the study of the law and of the agents constiutes the the science of Therapeutics.

Having thus marked out its *limits*, we have next to inquire what the *nature* of any possible science of Therapeutics must be. Its subject is the modified functions and organs of the body. Its agents are *special stimuli* drawn from whatever region of the external world. By what sort of a formula can these agents be applied to that subject? Can the Therapeutist act on "general principles" as the Hygienist does? Can he act on the maxim *causâ sublatâ tollitur effectus?* Obviously he cannot. In so far as the cause of disease can be discovered in external influences, the treatment falls within the limits of the science of Hygiene as already discussed. In so far, however, as the cause of disease is identical with the essential cause of the modification of function or organ which we recognise as the disease, it can never be discovered, for it is the same in its nature as the cause of healthy functional or organic action; in other words, it is life itself, the nature of which, as of every first cause, is inscrutable. It being impossible then to ascertain the essential cause of disease, and to apply a remedy according to the *rational* method—as the Hygienist does—the Therapeutist is necessarily thrown back from an attempt to investigate *first causes*, to the study of *phenomena* and to the adoption of the *empirical* method. In accordance with this

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method the subject of his researches will be respectively the phenomena manifested by the patient, and the phenomena produced by the special stimulus, and his endeavour must be to discover a general formula which shall express a constant relation between these two series of phenomena and shall serve as the Therapeutic law. In thus acting, and upon this method, he will do precisely what the student of every branch of Natural Science does and has done. For in his inability to find out the essential cause of the phenomena that form the subject of his study, the physician finds himself in the very same predicament as the Naturalist who likewise has vainly sought to discover the essential causes of the phenomena of gravitation, of light, of chemical action, and of electricity. As the physician is unable to discover the essential nature of life and organism, whether normal or modified, to ascertain the cause, of health or of disease, and is therefore unable to treat disease upon the principle "tolle causam" (except in matters of Hygiene as before stated), or "on "general principles;" so the Naturalist has been compelled to abandon the rational method such as Aristotle proposed and philosophers elaborated up to the time of Bacon and Newton, and to adopt an empirical method in which the fundamental principle is an empirical law or generalization expressing the relation between two series of phenomena. The science of Physics, for example, consists of the phenomena respectively of two bodies, or series of bodies, so far as the density and volume are concerned, and of the law of gravitation which expresses the relation between these respective phenomena.

The Therapeutist, then, abandoning all idea of constructing a science of Therapeutics on the rational method, must have recourse to the empirical as the elaborators of other natural sciences have done. The elements of his science will be as follows: He has to deal with a subject

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known by its phenomena—the sick body; with an agent known also by its phenomena—the drug; and with a law which shall tell how to apply the agent to the subject for the accomplishment of a cure—a law which shall express the general relation between the drug and the morbid organism.

The following tabular statement will show more clearly the nature of Therapeutics as a science and its harmony with other Natural Sciences; for every Inductive Natural Science (except those of classification) consists *elementarily of two series of independent phenomena, connected by the formula of their general relation;*

THERAPEUTICS.

Morbid Functions & Organs, Or, Pathology and Pathological Anatomy, Or, Sick-Phenomena.	Therapeutic Law.	Toxic Functions and Organs, Or, Pathogenesis and Pathogenetic Anatomy. Or, Drug-Phenomena.

PHYSICS.

Phenomena of the Sun, as regards Volume and Density.	Law of Attraction.	Phenomena of the Earth, as regards Volume and Density.

CHEMISTRY.

Properties of Potassa,	Law of Chemical Affinity and Definite Proportion.	Properties of Sulphuric acid.

OPTICS.

Properties of the Luminous Body,	Law of the Diffusion of Light.	Properties of the light-receiving bodies.

Though thus simple in theory, Therapeutics is in reality the most complex of all the natural sciences. Each of the classes of phenomena requires for its study the aid of several auxiliary sciences. Thus, in order to know thoroughly the phenomena of disease, we must call to our aid Anatomy and Physiology, Chemistry, Physics, and Psychology. To know and understand thoroughly the phenomena of artificial disease, or pathogenesey, we must

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avail ourselves of the same auxiliary sciences. The more imperfect our knowledge of these sciences, the less complete will be our acquaintance respectively with the phenomena of Pathology and Pathogenesy and the converse. But, however complete or partial may be our knowledge of these two classes of phenomena, the relation between them, as known, remains the same and is always expressed by the therapeutic law. The same is true of Physics and of all the natural sciences. Our knowledge of the physical properties of matter is continually increasing. The more complete it is the more exact will be our application of the law of attraction. But complete or incomplete the law is equally applicable and *pro tanto* available.

(*To be continued.*)

THE LAST ILLNESS OF THE LATE ARCHBISHOP WHATELY.*

"The public and uncompromising testimony," writes Dr. Scriven, "borne by my late lamented patient to the truth of our medical creed, renders it unnecessary to apologize for bringing before the Society a short notice of the last illness of Archbishop Whately. One of his Grace's most remarkable characteristics was an honest love of truth. This in a mind of unbounded capacity, gave rise to a strong impulse to investigate every new discovery that came before him fairly supported. Having rigidly tested it, and being once convinced that a subject was based upon truth, he became its firm and unflinching advocate. He told me that his final decision in favour of homœopathy was due to the case of a favourite dog, which had been unsuccessfully treated for many months by veterinary

* Abridged from Dr. Scriven's paper on Gangrena Senilis, read before the British Homœopathic Society, and published in the *Annals*, June, 1864.

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surgeons, and was cured by Dr. Karl Sutton in a fortnight."

"The following memorandum was written about fourteen years ago, and speaks for itself. It is copied verbatim from the original in his Grace's handwriting, but unfortunately bears no date.

"'MEMORANDUM:—In case of my being seized with any disorder that deprives me of speech or reason, my earnest desire is, that none of the ordinary, or as they are called allopathic practitioners, may be called in; but that homœopathy may be resorted to, if any one can be found to prescribe, and if not, I may be left to nature. And in case of my death, this memorandum may be produced as a vindication of my attendants.'"

The readers of the *Homœopathic Review* will remember the celebrated letter of the late Archbishop, written in June, 1862, in reply to a communication from an allopathic physician announcing the *veto* of the College of Surgeons of Ireland against "homœopathy, mesmerism, or any other form of quackery." His Grace's letter was a masterly *exposé* of that which he termed a "detestable act of tyranny."

As connected with the circumstances which elicited the public expression of his Grace's opinion, in the letter to which we have just alluded, Dr. Scriven furnished to the Society the following correspondence:—

"'The Palace, 24th Feb., 1862.

"'DEAR DR. SCRIVEN,—The Archbishop's male friends are all very anxious that he should allow either Dr. A., Dr. B., or Dr. H. to see his leg. He thinks it rather worse, but I should hope that is only fancy. However he wishes to satisfy his friends, and Miss Whately told him that you had not the least objection to his seeing a surgeon, and he has therefore asked me to beg you to fix upon whichever you like of these three, and appoint an hour to-morrow to meet him here. The Archbishop begs me to add, that he has not the least fault to find with your treatment of the case.

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THE LATE ARCHBISHOP WHATELY.

"'Miss Whately is dining out to-day, which is the reason that I am writing. The Archbishop told me that I might write in his name in the third person, but I thought that I could better explain myself in the first.

"'Believe me,

"'Yours most sincerely,

"'A. S.'

"To this I replied that I should be most happy that a surgeon should see his Grace, and named Dr. A., but added, that I feared no Dublin surgeon would meet me in consultation.

"'The Palace, Monday night.

"'DEAR DR. SCRIVEN,—Many thanks for your kind note, but his Grace cannot call in a surgeon. *You* must do it, or it cannot be done at all. He can have no one who will not meet you. If Mr. A. will do so, very well; and his Grace begs me to say that you can name any hour to-morrow for your meeting here, only let him know beforehand. As I said, his Grace is *perfectly* satisfied with your treatment, but to please some of his friends he will see a surgeon with you—not otherwise.

"'Very sincerely yours,

"'A. S.'

"On the receipt of the foregoing, I wrote to Dr. A. as follows:—

"'Dr. Scriven presents his compliments to Dr. A., and begs to say that he is in attendance on the Archbishop of Dublin, who is suffering from a small ulcer on the outer ankle. His Grace having been urged by some of his friends to obtain the opinion of an eminent surgeon, Dr. Scriven has named Dr. A., and would be glad to know at what hour to-morrow it would be his convenience to call on his Grace. Enclosed is a note which Dr. Scriven has just received from a relative of the Archbishop's, at present at the Palace, by which Dr. A. will perceive that his Grace wishes to continue homœopathic treatment, so far as his general health may require it.

"'24th Feb., 1862.'

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THE LAST ILLNESS OF

" 'Monday night, 25th Feb., 1862.

" 'Mr. A. presents his compliments to Dr. Scriven, and in reply to his note just received, begs to say, that as his Grace the Archbishop of Dublin has decided that he will have no surgeon to visit him who will not meet Dr. Scriven in consultation, Mr. A. regrets that he cannot have the honour of prescribing for his Grace under circumstances which would be a direct violation of a recent "ordinance" of the College of Surgeons in Ireland, of which Dr. Scriven is aware.'

" 'Palace, Tuesday morning.

" 'DEAR DR. SCRIVEN,—His Grace is so opposed to tyranny in any shape, that things must go on as they are, and I have no doubt that it is all for the best.

" 'Yours sincerely,

" A. S.'

In his last illness, when Dr. Whately was suffering from the fatal "senile gangrene," "his intellect and memory," Dr. Scriven tell us, "maintained their power and clearness as unclouded as they had ever been." "It may easily be imagined what a deep interest was taken in his case by his numerous friends, and the many prelates and clergy who venerated his Grace. Innumerable were the panaceas for '*sore legs*,' suggested and urged upon him, not merely by letter, but personally, and most pressing were the solicitations that he would give up 'Quackery,' and have a '*regular surgeon*.' His reply to these importunities was characteristic and conclusive. Taking an opportunity when a right reverend prelate and several minor dignitaries, with myself, were present, he said: 'I have very many kind friends, each of whom suggests a separate mode of treatment or remedy; I can make use of but one, and having made my selection, must be in a minority.'"

The immediate termination of his Grace's life was in this wise: "After frequent consultations with Dr. Blythe,"

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—we are again quoting Dr. Scriven,—"and the announcement of our joint opinion, as to the unfavourable nature of the case, and the probable result, it was determined to obtain the advice of Professor Henderson, who having been telegraphed for, saw the Archbishop on the 9th of September. At this time the sore extended across the back of the foot from one malleolus to the other; the tendo Achillis, and all the structures down to the bones, were destroyed from the heel six inches up the leg. The foot was red and œdematous, the calf enormously swollen, of a deep purple red, with two large yellow bullæ on the centre of the calf, and a black patch had appeared on the front of the leg over the tibial muscles. There was a large blue patch on each trochanter, surrounded by vesicles, a similar spot on the left scapula, and several bluish spots on the toes of both feet from pressure against the other limb while lying. The pulse had become quick and feeble, the tongue dry, and there was occasionally severe pain in the ankle and calf of the leg. Such an array of symptoms in a broken-down constitution, at the age of seventy-six,* notwithstanding the soundness of the heart and lungs, impressed Dr. Henderson most unfavourably, and a fatal result was prognosticated as probable in a week or ten days. He, however, recommended a less stimulating diet, claret alone, instead of port wine and brandy, and some farinaceous food and beef tea. *Mercurius* 6 was the medicine selected. On the following day, the whole leg up to the knee was swollen, tense, and boggy. I enveloped the limb in cotton wadding, covering the sloughs with a weak solution of carbolic acid. A water-bed was procured, and his Grace agreed to forego his usual toilet, and confine himself to the water-bed. The symptoms of pros-

* His Grace had suffered during the previous seven years from a paralytic affection, principally of the left side, by which the left leg was much enfeebled. There was also paralysis agitans of both hands.

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tration did not progress, and in a few days, matter of a most offensive smell and brown colour was evacuated by several incisions, a line of demarcation formed at either side of the calf and below the popliteal space, and from day to day the skin and large muscles of the calf separated piecemeal, leaving a clean granulating surface from below the knee to the heel. This was all accomplished without hæmorrhage or diarrhœa. There was a good deal of nocturnal fever, and some slight delirium, which *belladonna* and *hyoscyamus* relieved. The local change was not, however, followed by any improvement in the constitutional symptoms, and debility *very* gradually increased from day to day. The black patches on the trochanter remained in *statu quo*, and neither spread, nor did the dark leather-like sloughs separate. The granulations on the leg continued florid, and the edges in some places showed an inclination to form skin. In the first week in October the tongue became drier, deglutition and articulation became more and more difficult, and were only performed by the strong effort of a will. Still the intellect remained dominant and unclouded as ever. It was a struggle between mind and matter. On the 6th October, this state of things had so far increased that articulation became impossible, yet by a negative or affirmative sign, his Grace was still able to express his wishes to his attendants. It had been a frequently expressed wish during health, when conversing on the subject of dissolution, that he should not outlive his intellect; and most fully, and it may be said, painfully, was that wish accomplished. On the morning of the 8th, at ten minutes to twelve, the struggle quietly closed.

"The immediate termination was to a certain extent unexpected, none of the usual signs of approaching dissolution having been observed. It was discovered on my arrival, ten minutes afterwards, that a small vessel in the

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leg had opened, and sufficient hæmorrhage had taken place to extinguish the flickering flame that might otherwise have smouldered on for another twenty-four hours.

"From the commencement the disease had been regarded as senile gangrene, dependant on partial or complete obstruction of some of the arterial branches supplying the limb; an indistinct cordlike hardness was detected in the popliteal space, but could not be traced down the limb. Stethoscopic examination failed to discover any disease of the heart or large arterial trunks, and the lungs were quite sound. In fact, his Grace frequently remarked that he did not know what a cough was.

"To the mechanical origin of the disease one feels inclined to attribute the absolute powerlessness of all the remedies prescribed, not one of which appeared in any way to impress the principal malady, although the tendency to diarrhœa, as well as the fever and delirium, all yielded to the remedies administered for them. The healthy suppurative process which set in subsequent to the visit of Professor Henderson, and the total cessation of the spread of the gangrene, were very remarkable, and may possibly be attributable to the completion of the obliteration of the arteries supplying the calf, and the establishment of a collateral circulation, which vitalized the deeper layer of muscles and the front of the leg. As no anatomical examination of the limb was permitted, this must remain a matter of speculation; but it gave rise to the feeling that had this change been brought about at an earlier period, before the vital energy had been so lowered, there might have been some chance of at least a partial recovery."

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OBSERVATIONS ON THE PHYSIOLOGICAL AND THERAPEUTIC EFFECTS OF ALCOHOL.

By Alfred C. Pope.

The XVIth number of the *Annals of the British Homœopathic Society and of the London Homœopathic Hospital*, among other excellent papers, contributed by members of the Society, contains one by our colleague Mr. Pope, "On the Physiological and Therapeutic Effects of Alcohol."

The members who were present on the occasion when the paper was read, seem to have been remarkably impressed with the value of the contribution which Mr. Pope has brought into the treasury of the *Annals*. Mr. Cameron, especially, "complimented the author on the excellency of his paper, which he considered one of the best that had ever been presented to the Society." This is no slight praise, from one like Mr. Cameron, whose professional knowledge is adorned by an extensive acquaintance with the collateral sciences. Dr. Russell, too, "concurred in the high terms of appreciation used by Mr. Cameron, whose knowledge of the subject made his opinion of great value, in reference to the learning and talent displayed by Mr. Pope in the essay they had just heard."

To ourselves, who have had opportunities of learning, intimately, the sound professional acquirements of Mr. Pope, and of observing the evidence of his extensive reading, in all that concerns medicine and the auxiliary sciences, these praises from the members of the Society in London seem just and grateful. We are, moreover, proud to see what the provinces can do.

The theme of Mr. Pope's paper is "the study of the *modus operandi* of alcohol, in health; and as a deduction therefrom, a consideration of its sphere of action in the treatment of disease."

He developes his theme by considering: "First, the

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symptoms following the use of alcohol in a healthy man while fasting and unemployed; the results of experiments upon the lower animals, instituted with the view of determining its characteristic effects; and the modes of death, with the morbid appearances ensuing from its use in poisonous quantities: SECONDLY, by examining, by the light these facts afford, the principal theories propounded to explain its action: and, THIRDLY, by inferring, from the same source, the nature of those morbid conditions, in the treatment of which we shall find alcohol the most serviceable medicine we can employ."

Of course, as our readers will at once perceive, the *practical* development of Mr. Pope's theme can only take place according to the method of drug-proving which is so intimately associated with homœopathic materia medica. "By no method," writes Mr. Pope, "can we obtain so clear an insight to the actions and uses of any substance as by that which, if not first proposed by Hahnemann, was by him unquestionably first put to any practical use, and subsequently so developed as to provide us with a Materia Medica, not only extensive but easily understood, and readily available. Chemistry, botany, or the empirical use of a presumed remedy in a variety of diseases can never provide us with information so reliable as that derivable from experiments with it on the healthy body. Among those of our profession who do not as yet recognize the value of the homœopathic law, as a therapeutic indicator, this method of research regarding the properties of new remedies, and of some old ones, is becoming more frequent. We may well congratulate ourselves that it is so, seeing that if persevered in, it must lead them—as seventy years ago it led Hahnemann—to see in the law of *similia similibus curantur* the true guide to the selection of remedies. After this manner alcohol has been studied

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by Dr. Edward Smith, of the Brompton Hospital, and to a very slight extent by Dr. Chambers, of St. Mary's."

Mr. Pope, after reviewing the "provings" by Drs. Chambers and Edward Smith, proceeds to the consideration of the influence of alcohol—FIRST, on the *nervous system*. Under this head Mr. Pope refers to the *pathogenetic* and *physiological* results of the experiments of Dr. Marcet; of M. Claude Bernard; and of Drs. Chambers and Brinton; and to the *pathological* enquiries of Drs. Ogston, Percy, Todd, and Boëcker: SECONDLY, to its action on the blood, indicated by the deficient aëration of that fluid. In this section of the paper, the author quotes cases and experiments, by Todd, Bourchardat, Sandras, Boëcker, Chambers, Percy, and Marcet: THIRDLY, to the influence of alcohol on other organs, such as the liver, the stomach, the kidney.

After reviewing the controversy arising out of the experiments of Lallemand, Perrin, Duroy, and Baudot, Mr. Pope proceeds to a consideration of the theories which have been advanced to explain the action of alcohol. Rejecting the theory that alcohol is a FOOD, he proceeds to say:—

"By virtue of its power to destroy life alcohol may be justly regarded as a poison, and as, in the language of Dr. Taylor, 'medicine in a large dose is a poison, and a poison in a small dose a medicine;' it must for all practical purposes be treated as a medicine. It is an agent capable of producing certain morbid conditions, a medicine remedial of disease, and not in any way a substance competent to afford pabulum for the growth of animal tissues. In short, while it fulfils all the requirements of a medicine of great value, it presents no characteristic of a food.

"From its primary stimulating action on the circulation, and its secondary depressing influence on the nervous system, it

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holds a place in the current *Materia Medica* as a stimulant-narcotic; and, in accordance with the conditions supposed to indicate the necessity for such a drug, it has generally been prescribed.

"More definite explanations of its *modus operandi* have been attempted. Two theories have been made especially prominent; these I will briefly describe.

"Dr. Chambers, Dr. Hammond, Dr. Ludlam, and others regard alcohol as an arrester of metamorphosis. That an arrest of the normal waste of tissue takes place in health is, however, rendered very improbable by the experiments of Dr. Smith, as well as by those other consequences of using alcohol I have already detailed. Dr. Chambers draws his conclusions from very slight, and for all practical purposes useless, experiments of his own, and from a more careful series of observations by Dr. Hammond, of the Federal Army, in the American States. In all these experiments the supposed arrest of destructive metamorphosis was, within a brief period, followed by critical evacuations. A result which proves that the changes assumed to have been checked, in reality occurred; but that the debris, instead of being cast out of the system in the several excretions, was retained within the circulation for a time to be cast forth when reaction set in. As all the investigations of Dr. Chambers were brought to a summary conclusion, when the appetite was spoiled, or the usual diet was prevented being taken with pleasure, we cannot from them show that these changes, besides occurring, were in reality increased; but the observations of others lead us to infer that they were so. Healthy metamorphosis requires for its complete performance a healthy blood blastema, a healthy state of the nervous system, and a normal development of nervous power. These conditions are absent in a man whose blood is charged with alcohol. Healthy metamorphosis is, therefore, impossible; and all lengthened experiments tend to show that the unhealthy metamorphosis induced takes the form of an *excessive*, not of a *diminished*, waste.

"Dr. Beale (*British Medical Journal*, October 10th, 1863) holds that 'alcohol does not act as a food; does not nourish

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tissue,' as his late distinguished colleague Dr. Todd maintained that it did, but that by 'altering the consistence and chemical properties of fluids and solids,' it checks that 'increased activity of the *vital changes*' which he regards as characteristic of many morbid processes. Such being those which take place in exhausting diseases, where, as in the formation of pus, cancer and the granular cells, a large amount of pabulum intended for the nourishment of healthy tissue is rapidly wasted. There is, it will be seen, comparatively little difference between the views of Dr. Chambers, and those of Dr. Beale. The latter generalises from the effects which he has seen to follow the prescription of alcohol in disease; entirely ignoring its action on the healthy man. Such a mode of determining the nature of drug action must always be unsatisfactory, and very generally unsound in its conclusions.

"In health alcohol produces as its specific effect an abnormal waste of nervous tissue; the expenditure of nervous power is greater than normal metamorphosis can meet. This, I think, the observations and experiments I have laid before you this evening fully sustain. Further, all clinical experience teaches that the sphere of alcohol in disease is to be found where nervous exhaustion, undue waste, or expenditure of nervous power are the prominent indications of danger. To such morbid states alcohol is therefore manifestly Homœopathic. Its mode of action is simply that of all true, direct, specific remedial agents. Nor has this similarity between the symptoms arising from alcohol used in health, with those for the cure of which it is so generally prescribed, been altogether overlooked. Curiously enough it is in the writings of Dr. Brinton—a gentleman who seldom fails to seize an opportunity of sneering at Homœopathy—that we find the Homœopathicity of the action of alcohol most clearly asserted! Discoursing on alcoholics in his work on *Diseases of the Stomach* (p. 378), Dr. Brinton remarks, 'in short they are sometimes useful remedies against the very ailments which their abuse (or even their moderate use) can otherwise bring about; a statement which,' and mark the words, '*while it involves no inherent improbability* rests upon an empirical basis such as defies disproof.'

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PHYSIOLOGICAL AND THERAPEUTIC EFFECTS OF ALCOHOL.

"Regarded, then, in what I have endeavoured to prove its true light—as a medicine—to be used on the same principle as all others should be—as a Homœopathic remedy—we shall find the sphere of alcohol in those cases, or rather parts of cases, where the indications of danger arise from exhaustion proceeding from an overstraining of the powers of the nervous system. An ordinary fainting fit is a fair type of such. A sudden shock or prolonged drain upon this portion of the organism gives rise to rapid and extreme waste of nervous force, with quickened but depressed circulation. In softening of the brain, similar special waste is going on; upon it likewise depends the exhaustion from protracted lactation, from long continued diarrhœa, from hæmorrhage, as well as that witnessed in the later stages of fever, where the heart's feeble impulse, and the low muttering delirium, with, it may be, profuse perspirations, point to the nervous centres as rapidly giving way. In each of these instances, many other might be quoted, alcohol is indicated as the most probably curative remedy, because it produces a condition similar to that to be removed. Let me not, however, be misunderstood; I do not say that alcohol is Homœopathic to diarrhœa, and the other diseases named, but that it is so to the consequence of their recent existence—to the exhaustion they produce.

"Further, it is remedial, so far as a drug can be remedial, to that exhaustion which follows unusual mental or physical exertion. It will not, if taken prior to any great effort being made, prevent the resulting fatigue; on the contrary, it will tend rather to increase it; but the labour having been undergone alcohol will, by virtue of its Homœopathic relationship to excessive expenditure of nervous force, remove it more rapidly than rest and food alone will do. A man cannot be primed for work by brandy, but he may be freed in a very great degree from its cost to himself by subsequently taking it."

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INFINITESIMAL CONDITIONS OF MATTER.

From the earliest days of science, philosophers have disputed as to the form and character of the ultimate atoms of matter. Every school of philosophy among the Greeks, whether of Ionic or Italic origin, as well as every sect termed by the Greeks *barbarian*, such as the Chaldean, Egyptian, Persian, or Celtic, presupposed the eternal existence of matter; though upon the form or mode of its original condition, and the process by which it attained its present appearance and organization, they differed materially.

Among the Greeks, Ocellus Lucanus and Aristotle were the chief who contended for the eternal existence of matter, in its present form; but the doctrine that the *form*, though not the *matter*, of the visible world has had a beginning—the order out of chaos—is found, under various modifications, in the ancient schools, and principally in the Pythagoric, the Platonic or Academic, and the Atomic.

The atomic theory, as understood and taught by Democritus, supposed the existence of matter, alone, divided into an infinite multitude of primary or elementary particles, of which some were eternally intelligent, and others eternally senseless and incogitative; and hence incapable of resisting the action of the former, by whose control over them, and union with them, the visible world was produced. In the teaching of Epicurus, however, the atomic philosophy assumed a very different aspect. Matter, with him, consisted of an infinite multiplicity of elementary corpuscles, of which the whole were equally unintelligent and senseless, and solely operated upon in the work of creation by an immaterial Divinity, "possessed of all immortality and beatitude," and through the medium of a system of "immutable laws which they received at the

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commencement of the universe," and which will continue to act till the universe itself shall be dissolved.

Pythagoras contended that the particles of matter are infinitely divisible; Plato and Aristotle taught that matter, in its ultimate condition, is destitute of quantity, quality, extent, or figure, and consequently that there are no final atoms. The school of Epicurus, however, believed in the existence of solid, indivisible primordial atoms; and Lucretius, in the first book of his wonderful poem, thus advocates this view of the constitution of matter:

"Sunt igitur solidâ primordia simplicitate,
Quæ minimis stipata cohærent partibus arte;
Non ex illorum conventu conciliata,
Sed magis æternâ pollentia simplicitate;
Unde neque avelli quidquam, nec diminui jam
Concedit natura, reservans semina rebus.
"Præterea, nisi erit minimum, parvissima quæque
Corpora constabunt ex partibus infinitis:
Quippe, ubi dimidiæ partis pars semper habebet
Dimidiam partem; nec res præfiniet ulla.
Ergo rerum inter summam, minimamque, quid esset?
Nihil erit, ut distet: nam, quam vis funditus omnis
Summa sit infinita, tamen, parvissima quæ sunt,
Ex infinitis constabunt partibus æque.
Quod, quoniam ratio reclamat vera, negatque
Credere posse animum, victus fateare necesse est,
Esse ea, quæ nullis jam prædita partibus exstent,
Et minimâ constent naturâ: quæ quoniam sunt,
Illa quoque esse tibi solida, atque æterna fatendum."

De Rerum Naturâ, Lib. i.

Again, in another part of the same poem Lucretius sings:

"Corpora sunt porro partim primordia rerum,
Partim concilio quæ constant principiorum.
Sed, quæ sunt rerum primordia, nulla potest vis
Stringuere; nam solldo vincunt ea corpore demum."

Sir Isaac Newton has been more indebted to the school

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of Epicurus than is generally conceived. "All things considered," writes Newton, "it seems probable that God, in the beginning, formed matter in solid, massy, hard, impenetrable, moveable particles; of such sizes, figures, and with such other properties, and in such proportion to space, as most conduced to the end for which he formed them. And that these primitive particles, being solid, are incomparably harder than any porous body compounded of them; even so very hard as never to wear and break in pieces; no ordinary power being able to divide what God himself made one in the first creation."

The unsearchable divisibility of matter; the vain attempt of philosophy to approach—with all the appliances and improvements of modern days—any nearer to the discovery of primitive particles, has led some men of science, even in modern times—like those of ancient days, to whom we have referred—into speculations which involve the disappearance of all material conceptions, and resolve matter itself into a collection of mathematical points, from which, as centres, certain forces are exerted: in other words, that force supplies the place of the primitive atom. Thus, without mentioning those among the living who contend that force and matter are convertible terms, we may refer to the names of Boscovich and Des Cartes. The first affirmed that matter is "nothing more than a compages of various attractions and repulsions, extending indefinitely in all possible directions." The latter philosopher differed from our unrivalled countryman, Newton, in almost every idea respecting matter—excepting, indeed, as to its creation by the Deity. According to Des Cartes, therefore, matter was possessed of no such primitive particles as those imagined by Newton and the Epicureans; under every modification it was totally unsolid, and infinitely divisible.

A modern writer thus refers to the state of our know-

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ledge of the final condition of matter. "Whether," he writes, "we investigate the extension of matter in its magnitude or minuteness, we never come to an end or to an ultimate form of it. When the invention of the microscope disclosed unknown worlds, and exhibited to the eye of the investigator the infinite minuteness of organic elements, the hope was raised that we might discover the ultimate organic atom, perhaps the mode of its origin. The hope vanished with the improvement of our instruments. The microscope shewed that in the hundredth part of a drop of water there existed a world of animalcules, of the most delicate and definite forms, which move and digest like other animals, and are endowed with organs, the structure of which we have little conception of. Their internal structure is still less known. 'Shall we,' asks Cotta, 'with instruments still more improved, have to consider the monads as giants among the pigmies of minuter organisms?' The wheel animalcule, which occupies the tenth or twentieth part of a line, possesses jaws with teeth, an œsophagus, a stomach, an alimentary canal, glands, vessels, and nerves. The monad measures the 2000th part of a line; a drop of liquid contains millions of them. The *vibriones*, microscopic animalcules of the smallest kind, appear as a cluster of scarcely perceptible dots or lines—a cubic line has been calculated to contain 4000 millions of them. These animalcules must have organs of locomotion, the mode of which leaves no doubt that they also possess sensation and will, and consequently they must have organs and tissues accordingly. But no clue has yet been obtained as to the quality of these organs. The seed grains of a grape fungus in Italy are so minute, that a human blood-corpuscle is a giant compared to them; yet these blood-corpuscles are so minute, that a single drop contains above five millions of them. In that seed-grain there exists the organic force of

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propagation, a peculiarly complicated grouping of material elements, of which we can have no conception from our limited visual power. We term the most minute particle of matter, which we imagine to be no longer capable of division, an *atom*, and consider matter to be composed of such atoms, acquiring from them its qualities, and existing by their reciprocal attraction and repulsion. But the word *atom* is merely an expression for a necessary conception, required for certain purposes. We have no real notion of the thing we term *atom;* we know nothing of its size, form, composition, &c. No one has seen it. The speculative philosophers deny its existence, as they do not admit that a thing can exist which is no longer divisible. Thus neither observation nor thought lead us, in regard to the minuteness of matter, to a point where we can stop; nor have we any hope that we shall ever reach that point. 'The most powerful microscopes,' says Valentin (*Lehrbuch der Physiologie*), 'will never enable us to behold the form and position of the molecules, not even the minuter groups of atoms.' 'A grain of salt, which we can scarcely taste, contains myriads of groups of atoms, which no eye will ever see.' We can only say, then, that matter and the world are infinite in minuteness; and it is of little consequence if our intellect, which is always accustomed to find a limit, is offended at the idea." (*Büchner's Kraft und Stoff.*)

Will science ever penetrate this great mystery? Be that as it may, in all the progressive discoveries of modern times, as *minima*, hitherto hidden in the secret chambers of nature, become revealed under the detective powers of the optician and the chemist, each new fact but shews how possible it is, that, within the most limited space, far beyond our ken, there may exist forces which can exert a mighty influence, for health or disease, upon the living organism; and so, amid the varying theories of philosophy,

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and the ever-recurring discoveries of science, the infinitesimal dose of Hahnemann assumes a status and importance, greater even than those which depended upon the issue of careful physiological experimentation in the hands of the painstaking physician.

Mr. Wilson presents his compliments to the Editor of the *Homœopathic Review*, and begs to forward for publication an able article, from the pen of Dr. Ad. von Lippe, *now* Professor of Materia Medica, etc., in the Homœopathic College of Pennsylvania, in the June number of the *American Homœopathic Review*, bearing in a thoroughly *practical* manner upon questions of vital importance alike to the profession and to the public, and which ought to have the widest possible circulation.

"WHO IS A HOMŒOPATHIST?"

By Ad. Lippe, M.D., Philadelphia, Pa.

In the *Monthly Homœopathic Review*, of London, Vol. VIII, No. 1, Mr. Alfred C. Pope asks the question, "Who is a Homœopathist?" The solution of this question is all important, for on it depends the rise or downfall of homœopathy. As we have no doubt the question was asked in good faith, it will be well to try to solve it.

Mr. Pope first finds fault with Dr. Hewitt for saying, in the previous number of the *Review*, "that he estimates a practitioner in proportion to the smallness of the dose he habitually prescribes."

Many others and, so far as I know, the most successful practitioners of homœopathy, think as Dr. Hewitt does. Further, the writer says, "we have generally found the advocate of homœopathy declaring, with perfect correctness, that the therapeutic principle he defends is totally independent of the globule; that, in fact, homœopathy may be strictly and correctly practised with any dose,

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whether in powder or globule, tincture or pilule, provided no aggravation of the disease is incurred by the magnitude of the dose. This, I believe, to be the simple truth."

Does Mr. Pope understand under the phrase "aggravation of the disease," the aggravation of the symptoms, which aggravation follows very frequently the administration of the higher and highest dilutions, and may be of longer or shorter duration according to the nature of the disease, the aggravation being an almost certain indication that the most curative homœopathic remedy has been administered and is surely to be followed by a longer and lasting improvement of the disease? Can a homœopathic remedy ever and under any circumstances aggravate the disease? The disease can only become aggravated by its natural unchecked progress. Will Mr. Pope ask this question again and be more explicit?

Mr. Pope wishes to prove by Dr. Hering's testimony laid down in the fourth American edition of the *Organon*, that we need not, as Dr. Hewitt contends, accept every fact and theory contained in the *Organon* of Hahnemann, and he quotes from that preface, "What important influence can it exert whether a homœopath adopt the theoretical opinions of Hahnemann or not, *so long as he holds fast the practical rules of the Master and the Materia Medica of our School.*"

Dr. Hering here insists that we must hold fast to the practical rule of the Master! Will Mr. Pope for a moment turn his attention to the practical rules the Master gives us in his *Chronic Diseases*, in his introduction to the various medicines in his *Materia Medica*, and in his *Organon?* Does the Master there advise the administration of "*any* dose?" On page eight, Mr. Pope says, "true homœopathy consists simply and solely in the prescribing for disease such remedies as are competent to produce similar disease in a healthy person." What dis-

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ease has any medicine ever produced? Has *aconite*, or *bryonia*, or *phosphorus* ever produced pneumonia? Or, *bryonia* and *rhus* typhus fever? Or, *belladonna* inflammation of the brain? Mr. Pope should be a little more explicit and accurate in his definitions.

On the same page he also asserts that "the dynamization theory may be true or false and homœopathy remain unaffected." By no means; if we study and follow our immortal Master to the point where he first discovered and established the dynamization theory. Let me remind Mr. Pope of the provings of *carbo vegetabilis!* How they were conducted, and how the symptoms guiding every true homœopathist in the administration of this medicine were obtained. If, also, he will read what Professor Hoppe, of Basel, the non-homœopathist, says, he will find himself directly contradicted. Professor Hoppe, after defining in a very clear, comprehensive and historical manner the claims and fundamental doctrines of homœopathy, says that Hahnemann's greatest discovery was "that the small doses are curative." Hahnemann was slow in publishing his dynamization theory, but after many and successful experiments he became convinced of its correctness, and that theory is an indispensable part of the doctrines of homœopathy. We shall have a few more remarks to make if Mr. Pope will but answer our previous question.

On the ninth page he says, "It has been proved, many a time and oft, that a low dilution, or the pure substance, has succeeded in curing where a higher dilution has failed." This assertion, and it is nothing but an assertion, has been made so many a time and oft, that many persons really believe it; but could Mr. Pope state *one single case* to substantiate this assertion? To begin, we should like to have a definition of "cure." The allopathist administers *digitalis* and cures an accelerated pulse dependent upon

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an organic disease of the heart. Is that a cure? Is not the patient whose pulse is brought down by the specific action of *digitalis*, made hopelessly incurable by that "cure?" On the contrary, it is an established fact that where the higher potencies do not cure, the lower ones or the pure substance certainly will never cure. Has Mr. Pope noticed the Vienna experiments by Dr. Eidherr which establish the facts, beyond controversy, that the higher attenuations shorten the disease (pneumonia) in the same proportion as the dose is diminished? If he has not seen this elaborate exhibition of facts, he had better examine it at once. In giving one single case, we hope that Mr. Pope will be particular in stating fully the symptoms and the reasons why this was the truly curative remedy, and then give the dates and time when a higher potency was administered without effect, and when the same medicine in a lower potency or in the crude state finally, permanently cured the patient. That crude drugs and low potencies cure, and cure according to the homœopathic law of cure, no one ever denied, and if this had not been the fact, we would not have homœopathy; but as Hahnemann and his disciples became better acquainted with the characteristics of the medicines by provings and by the administration to the sick, experience taught them that the curative action of the drug was developed by potentization, and that diseases were cured by higher potencies which the lower potencies had left unchanged. In every instance in which a lower potency has ever *relieved*, not *cured*, a case to which a higher potency of the same remedy had been given without success, this relief has proved itself to be only the palliative effect, not the curative action of the remedy so given. If palliation were a fair criterion of superiority, allopathy may claim to be far superior to homœopathy, when the allopaths state, and with truth, that in a case of an organic disease of the

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heart, established as such by all the physical signs of auscultation, they have succeeded in reducing the pulse in a very short time by large doses of *digitalis purp.*, while under previous homœopathic treatment the pulse had not been reduced. But who is so ignorant in our days as to believe that the reduction of the pulse by large doses of *digitalis* is the criterion of a progressive improvement, or a cure of the organic disease? Or, allopathy may also claim to have produced the desired result by a dose of *castor oil* when in a case of disease the bowels had remained in a state of constipation under homœopathic treatment. There existed in the first place no possibility of a reduction in the pulse till the organic disease was improving and was in a fair way to be permanently cured; and, in the second case, it was very likely one of the best things for the patient that his constipation (so called) continued, and it was still more likely that, in that case, the very decided effect of the *castor oil* caused the patient not to recover at all.

On the tenth page, Mr. Pope says "those then who believe in homœopathy, whether they adopt Hahnemann's pathological and posological theories or whether they do not, are *bona fide* homœopathists." Then Mr. Pope must define more clearly what *he* and *his* friends understand by "a belief in homœopathy." By this we shall come nearer to the solution of his question—"Who is a homœopathist?" If a belief in homœopathy is only a belief in the law "Similia Similibus Curantur," without a further explanation, it is a *blind belief;* if the necessity of the proving of drugs upon the healthy to ascertain their unknown curative power is included, the belief comes nearer to conviction; but if the belief also includes the conviction that but one medicine should be given at a time (which excludes all baneful alternations), and when it includes, besides, the conviction that the curative virtue (power) of

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drugs is *developed* by potentization, the conviction then becomes a positive faith and we have before us the outlines of a homœopathist.

Such a homœopathist does not care whether he is called purist, Hahnemannian, or high dilutionist; he knows himself to be a homœopathist, he knows that those who assail him are not what he is, although he may wish them to become enlightened.

Mr. Pope will certainly publish an accurate and decided specification of the scientific doctrines and principles which he and his friends profess. It is not to be desired that he should follow up the plan of the negation, although this mode of philosophising is a very convenient one, as it is much easier to attack others, to represent their objective material and their daily experience as being fallacious, than by self-exertion to bring something better to light. It is time, and it would be a matter of great interest, to know "Who is a homœopathist?" Whether, the homœopathist whose aim is to *develope* and *promote* homœopathy as taught by Hahnemann, or he who, by abnegating criticism, pretends to give perpetuity to homœopathy. That there exist two parties who claim the title of homœopathists becomes a clearly established fact. Before either party lays claim to that title, we must necessarily have a decided specification of the scientific doctrines and principles of homœopathy; and it behoves the attacking party who find fault and negate, who contend against any further development of homœopathy, and who doubt not only the Hahnemannian *theory* of homœopathy, but who also utterly reject or violate his *practical rules*, that in common courtesy they should make these specifications. Will Mr. Pope make them?

On looking for the prime cause of the fierce attack now made in England on the few true progressive, sincere and faithful homœopathists, and on examining for that purpose

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the history of its origin and progress, it becomes apparent that the great offence committed at first by Mr. Wilson was an exposition of the errors, mistakes, blunders, omissions and falsifications inflicted on our Materia Medica by its translator Charles Julius Hempel. Mr. Wilson's criticism was attacked and a party spirit was exhibited in favor of Hempel (and his publisher?). Here again Dr. Hewitt, as a co-laborer of Mr. Wilson, is taken to task and Mr. Wilson is found guilty of having cured a case of severe illness by *lycopod.* 200, and of publishing *one* of the characteristic symptoms of *lycopod.* Dr. Dudgeon, in sympathy with Hempel, insists that *fuss* may be translated "leg or foot," *ad libitum,* and finds out too late for his own tranquillity that he has put his *foot* into it, and it may be also his *leg,* as now *his* want of accuracy and fidelity are also exposed. The first offence was the exposition of Hempel's miserable translation, not a word being of late said about his (Hempel's) literary productions. They were not reviewed on this side of the ocean, because a review adverse to his productions would have not been admitted into the columns of one of the homœopathic journals, *then all* under the control of the interested publisher. Whether common decency will permit a review now is very questionable. If, for instance, Hempel's Materia Medica (the lectures were delivered by him while Professor of that chair in the Homœopathic College of Pennsylvania) was to be reviewed—if the manifold slanders, mistakes, and positive contradictions of the truth were to be published, it might be looked upon as an offence against common decency.—It would be such an awful awakening to the miserable dupes who can imagine this fearfully deceptive fabrication as deserving of a "Repertory." The friends, defenders, and abettors of Dr. Hempel have opened the controversy, they have unmercifully misrepresented his reviewer, and now wish to heap additional odium and distrust upon him and his friends

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and co-laborers, because he and they are conscientiously engaged in *developing* and promoting homœopathy. In order to whitewash these sympathizers of Hempel and his perversions of homœopathy, the question is now asked, "Who is a homœopathist?" May they, who are in sympathy with Hempel, his translations and fabrications, answer that question in a clear and positive manner. But if men are rightly judged by their surroundings, it will not be out of place to remind these sympathizers that the aiders and abettors of evil deeds are held equally as responsible as the principals; and should Dr. Hempel be proved a traitor to homœopathy, proved so by his own *public* actions, these his aiders and abettors (unless they plead ignorance) must stand convicted of the same crime and must no longer claim to be homœopathists.

I copy from the *Globe*, published in Toronto, Canada, under date of the 8th of April, 1859. The testimony was elicited during a trial for murder against Dr. King, and Dr. Hempel testified in behalf of the defence. After being duly sworn according to law, Dr. Charles Julius Hempel testifies thus: "I am Professor of Materia Medica and Therapeutics in the Homœopathic College of Pennsylvania. I know the prisoner, he has studied under me two sessions. The gist of homœopathic practice is this: for the cure of disease we administer medicines, which if taken by a healthy person would produce a like disease, etc.;" again, in testifying, he says, "in homœopathic treatment I have given as much as one-fifth of a grain of *arsenic* in the Asiatic cholera, and have repeated that dose from twelve to fifteen times in the course of forty-eight hours. The patients have done well and recovered." Further he says, "we endeavour to stop short of symptoms of poison." Dr. Hempel gives this testimony under solemn oath, and represents himself the exponent of homœopathy. These principles and teaching as the Professor of Materia Medica and Therapeutics in the Homœopathic College of Penn-

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sylvania. Had Dr. Hempel testified only as a practitioner, I should not have ventured to consider this testimony worth quoting, but he assumes a fearful responsibility, representing the Homœopathic College of Pennsylvania, and the exposition of homœopathy as he gives it in his testimony must be accepted as it stands, or he must be discountenanced. It is testified, then, that he has administered fifteen times in forty-eight hours one-fifth of a grain of *arsenic*, that is, he has given three grains of *arsenic* in forty-eight hours in cases of Asiatic cholera and the patients have done well and recovered. What does Hahnemann say in his preface to *arsenic?* What do allopathic authorities say on that subject? Both unite in flat contradiction of Hempel's testimony. The symptoms characteristic of the Asiatic cholera and the symptoms characteristic of *arsenic*, are so very different that in a very few and but very exceptional cases *arsenic* may become the curative remedy in the above named disease.

But what can Dr. Hempel mean when he says, "we endeavour to stop short of symptoms of poison." Horrible in the conception of a physician who claims to have adopted homœopathy, of a professor who claims to *teach* homœopathy and who yet gives such massive doses that his *endeavour* is to stop short of symptoms of poison. Is that the homœopathic doctrine? And is Dr. Hempel a trusty and faithful exponent of that school and its doctrines? Or, is he proving himself a traitor to the cause? Let Mr. Pope answer this question. If he and his friends sustain Dr. Hempel in his testimony, the world should know it; if they, on the contrary, understand homœopathy quite differently, how can they trust the veracity, the candour or any of the effusions of Dr. Hempel in future?

I hope Mr. Pope will deign to answer my questions; we will then very soon come to the solution of his interrogation, "Who is a homœopathist?"

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ON FEES FOR PHYSICIANS AND GENERAL PRACTITIONERS.*

In some old French farce there occurs a satirical but absurd scene between the hero of it and a physician. The former has been cured, but refuses to remunerate his medical attendant, who then brings an action against him. This the unthankful patient opposes, asserting, that rather than pay he would be sick again, and offering to return his health to the physician provided he would give him back his ailments. Thus each party might recover his own property. The satire here is on a par with that conveyed in the well-known lines concerning the piety of a certain personage:

> "When the devil was ill the devil a saint would be:
> When the devil got well the devil a saint was he."

Whilst men are actually ill or in danger they will pay not unwillingly the fee, or leave it to be inferred that when they get well they will act even generously. Health is restored to them, and too often they will pay all their creditors before the doctor. A general reluctance in remunerating medical attendants was also shown by the ancients, for if we recollect aright, Seneca has descanted upon the matter at some length. In Eastern countries the perquisites of the hakim have usually been, and we fear still are, composed of "more kicks than piastres." An oriental is ill, he deems that he has a right to your compassion. You are a physician; you must have, therefore, much to give him. Though rendering him a service, you have but done your duty, and he will not pay you so poor a compliment as to give you money for the act. He leaves you, the restorer of his health, with a short prayer for the length of your days. "Allah increase thy weal!" "May your shadow never be less!" says he; and this is probably

* From the *Lancet*, June 11, 1864.

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the last you hear of him. We are sorry to say that there is a vast number in these northern islands by whom the introduction of the Eastern customs would be gladly welcomed. We are led to this belief by hearing of the very numerous instances in which the most valuable medical services are grudgingly and inadequately requited, and in others in which remuneration is avoided altogether. There may be some few individuals, or even a limited class, from whom gratitude and generous remuneration for professional assistance can be expected. But even the honourable public rarely do otherwise than treat the matter of our reward in the most business-like fashion—that is, they tender usually the minimum that can be demanded from them. The "knowing ones" will have recourse to trade tricks of the commonest description to save a few shillings from the hands of the doctor. It cannot be denied that we ourselves have been the means of bringing about some of this work-for-nothing practice, which the world supposes is of so satisfying a nature. Speaking generally, it may be safely affirmed that the profession is not only ready to attend at once at the summons of a "forlorn hope," so far as remuneration is concerned, but is too willing to offer its gratuitous services in less doubtful or less urgent cases. Though rather a contracted, it is not an untruthful view of our social economy, which regards the idea of value a man attaches to himself or his labours as that which regulates the opinion of others. If, therefore, we are to be so easily obtained, we need not feel surprised that, whilst one class attaches but small value to our services, another, though appreciating them, more than hesitates to return to us our due. Whilst the impositions practised upon medical men are multiform and manifold, the profession itself, then, cannot be altogether exonerated from laying itself open to them. It is true that there is no other avocation in which

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it is so frequently difficult to determine how far, and to what extent, services should be accorded for nothing, or at a diminished reward. This is particularly the case, too in what are called the higher branches of the profession, in which merely an opinion is sought, with the cost of but little immediate outlay of time or trouble on the part of the adviser. As a writer has well observed, "We *pay* our servants or our tradespeople; we give an *honorarium* to our advocate or physician. In trade we render an accurately calculated return in money or substance for value received; in a profession the benefit rendered cannot be submitted to the ordinary rules of valuation, and a gift is of necessity substituted for a payment properly so called. In merchandise, the *quid pro quo* is the same for the pauper as the millionaire; in professional service, it varies partly according to the wealth of the receiver, partly according to the reputation of the giver; and for a like benefit the *honorarium* may be simply a grateful 'Thank you' (as is often, very often the case), or a hundred or more guineas (as is very rarely the case). Nevertheless, it must be remembered that, as we once before observed, the right to every guinea always involves a personal service, and every prescription is an absolute spreading out of brains upon paper. As regards a vast proportion of our brethren, not only are these items present, but there is an actual expenditure for drugs, and of a great deal of time and trouble.

It is the prevalence of such difficulties and doubts as we have referred to which causes so frequently the question to be brought before us as to the proper limits of gratuitous services and the determination of a general rate of charges. We are constantly besought to lay down such a definite chart for sailing by that with ordinary care all errors and dangers may be avoided. But under such contingent and relative circumstances as those which are

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necessarily linked with the practice of the healing art, the thing is utterly impossible. All that can be safely done is to indicate general principles for guidance, leaving each member of the profession as a man of honourable yet of common-sense character to modify his conduct and demands as he may deem fit. Very recently further correspondence has reached us relative to the determination of a scale of charges. It is clear enough, we admit, that whilst we cannot be too precise and procrustean, neither can we be left for our remuneration to the feelings of our patients. As everybody tries to get everything at the least cost, we are bound to determine for ourselves what that, in justice to ourselves, may be. Further,—and this is most essential,—having determined it, we must make our views generally known, and swerve from them as little as possible. By these means the medical practitioner becomes more likely to escape ill-treatment by pettifogging patients, and the public will have a steady criterion to guide it in calculating the recompence which it should tender him. To a considerable extent, certain rules exist, and have existed for some time, which appear to us as of so just and equitable a kind as to lead us to say, Let them still continue in operation. There is no necessity for altering the conventional practice of awarding the purely consulting practitioner, the officer of our hospitals, *et hoc genus omne*, the fee of one guinea for an opinion at his own house, at his own hours; and two guineas for a consultation at the patient's residence, provided the latter be within four miles of that of the physician or surgeon. Where two practitioners are present, or where the physician or surgeon consulted is required to send a written opinion or directions for the guidance of another practitioner, custom properly fixes the fee at two guineas whether at home or out. Beyond four miles two-thirds of a guinea per mile should be added to the original two guineas. When a

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considerable distance is travelled, the fee thus mounting up may appear to be large. But it is far from being beyond the mark. We have the authority of one of our most eminent members for saying that sudden summonses on these terms to distant patients have been generally felt as serious trials—we had almost said nuisances. The temptation of the large remuneration is strong, but its receipt scarcely compensates for the great and unavoidable inconvenience, and the possible and even probable injury to the practitioner which such visits involve. His unexpected absence disappoints and brings distress to some of his London clients, and is the occasion of offence and sometimes of alienation to others. The confusion and trouble consequent upon the derangement of existing engagements are very great, and are not soon or easily rectified—to say nothing of the fatigue and risks of the journey. In such cases, where more than a mere opinion is given, or where operative procedures are had recourse to, the *honorarium* must be made to depend upon two circumstances—the standing or repute of the one party, and the means or the ostensible credit of the other. As Mr. Syme has properly said, we must endeavour to render the means of relief we possess as far as possible available to those who require them, and with that view place the liberality of the rich to the credit of the poor. But there is always floating about amongst those whom it intimately concerns a sort of conventional rate at which these additional and extra services are entitled to be rewarded.

In what is usually understood as "general practice" another and lower rate of remuneration is of course, and must be, followed. But here there is, perhaps, even further scope for modification than in the other instance. Still there is, and there must continue to be, a conventional rule for charges. We think there is ample reason for assuming necessity for two rates amongst our brethren in

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general practice. No one can dispute for a moment that there is a great difference in the wealth and respectability —or pretence, if it be preferred—of different localities: a scale of charges fair to the one is certainly not just to the other. In class A, each visit should continue to be charged 7*s*. 6*d*. by day and 10*s*. by night, provided the patient live within two miles. In class B, a day visit should be rated at 3*s*. 6*d*., a night visit at 7*s*. 6*d*. Beyond a distance of two miles 2*s*. 6*d*. should be added, as in the manner of class A.. But in this branch of the profession, whenever extra trouble is occasioned or particular operations are performed, additional remuneration must be awarded according to the means of those who reap the benefit. A definite scale of payment here is out of the question; and we feel equally at a loss to lay down a definite rate for obstetric cases. These must be met according to circumstances; and here, as we said before, there float about certain rules which must at present help the novice in his new and difficult vocation.

COLES'S TRUSS.

GLANCING, once upon a time, over the columns of "our newspaper," we came upon the advertisement of a watchmaker, headed by the lines:—

> "A good watch is a good thing;
> A bad watch is dear at any price."

Now, said we, here is a truism, an aphorism, an epigram, a couplet, a distich—a saying worthy of him of Greece, who left to immortality the epigrammatic—

> "μεγα βιβλιον, μεγα κακον."

We could not help speculating, however, as to the special view which the watchmaker himself took of the heading of his advertisement. Did he, when he placed his sen-

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tences in lines, each beginning with a capital, believe that he was writing blank verse? Did he intend that his readers should infer that the couplet was a quotation from Shakspeare? Did he know that he was epigrammatic? Did he intend to be aphorismal?

Be that as it may, excited by these speculations, we came to be haunted by the wise saying of the advertiser; and, ever and anon, it would adapt itself to our every-day occupations, and to our social circumstances. A good horse; a bad and dear horse: a good hat; a bad and dear hat: nay, dear madame, a good wife is a good thing; a bad wife, madame,—and so on: and thus the truism would diffuse itself, and—*mutato nomine*—attach itself to any monosyllabic article of comfort or necessity:

> A good truss is a good thing;
> A bad truss is dear at any price.

Dearness is not the only evil, O my friend! A bad watch will not endanger your life, or injure your health,—at least, if honestly used, and not wound up unsteadily, in the small hours after midnight; but a bad truss is *dangerous* as well as *dear*—a thing to be avoided, where health and life are valued.

Thus did the aphorism of the watchmaker accommodate itself to our especial circumstances, on this 18th day of June, in the year of our Lord 1864, after a long and fatiguing application of the *taxis* to a patient suffering from inguinal hernia, which an imperfect truss had allowed to escape, time after time, and, this once, to a most dangerous degree.

Do good trusses, which "are good things," exist, as well bad trusses, which "are dear at any price," and, moreover, dangerous? May an expert speak, in the service of humanity, of what he knows, without laying himself open to the suspicion of puffing? Surely he may.

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COLES'S TRUSS.

Experto crede: Coles's truss is, certainly, a safe and most ingenious mechanical remedy for hernia. We know of none so good.

The varieties of mechanical appliances, for hernia, may be classified under the following heads:—1° The common truss, consisting of a spring, and fixed pad; 2° The so-called "patent truss," constructed with a spring, and moveable pad; 3° The simple bandage and pad, without any spring; and 4° The truss made on Coles's principle, with a spiral spring introduced between the plate of the pressure-pad and the end of the steel spring.

In his celebrated work on Hernia (part i. plate iv.), Sir Astley Cooper, referring to Coles, says: "He has, also, constructed a truss, resembling in some respects the common truss; but the pad, instead of being fixed, works with a spiral spring, which allows it to yield in the various motions of the body, and, at the same time, to make more uniform pressure than the 'ball and socket' pad can effect."

The celebrated Dr. Birkbeck declared of Coles's apparatus, that "it is the only real improvement in the construction of a truss that ever came under his inspection."

Henry Earl, F.R.S., expressed his conviction that Coles's trusses "would be found more efficacious than any others."

Callaway, of Guy's, testified that "the varied positions of the body, in stooping and coughing, do not alter the position of the pads or displace them."

Aston Key, of Guy's, said of them: "They are the best trusses that have ever been got up."

Wm. Thos. Brande, F.R.S. (*Journal of the Royal Institution*); the Editor of the *New London Surgical Pocket-Book;* Dr. Graham (*Domestic Medicine*); Dr. Copland (*London Medical Repository*, No. 118); Dr. James Johnson (*Medico-Chirurgical Review*); the late Gideon

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Mantell, F.R.S., and other men of great professional celebrity, have spoken in the highest terms of their experience of Coles's truss. Why should life be endangered by the use of imperfectly constructed apparatus?

We had nearly forgotten Wm. Cobbett's "Legacy to Ruptured Persons," which appeared in his *Register*, June 23, 1832, in which he relates, in unqualified terms of praise, his experience of the service rendered to himself by Coles's truss.

A good truss is a good thing;
A bad truss is dear at any price.

THE EARLY ANNALS OF HOMŒOPATHY IN NEW YORK.

By John F. Gray, M.D.

(*Abridged from his Discourse before the Homœopathic Societies of New York and Brooklyn, on the 10th of April, 1863, the Anniversary of the Birthday of Hahnemann.*)

Among the few physicians who caught the first rays of the dawning truth, was our beloved predecessor, the late Dr. Hans B. Gram, then a practitioner of most deservedly high repute in the city of Copenhagen. His father, a Dane, emigrated to this country about the close of our revolutionary war, married an American wife, and became a citizen of the republic. The elder Gram was a man of culture and of highly respectable family in his native land. He was unfortunate in business, and died a few years after his marriage, leaving a small family in narrow circumstances, of whom our dear friend was the eldest. After his father's death, young Gram, a lad of not more than fourteen years, went out to Copenhagen with the hope of retrieving some portion of his father's share of the family estate. In this he was unsuccessful, but his relatives there took good care of him, furnishing him an excellent classical

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and scientific education, and at proper age placed him in the Royal Medical and Surgical Institution of the Danish kingdom. The king's physician, the late Professor Fenger, was Gram's uncle, and through this gentleman's favor he enjoyed the best advantages of the schools and hospitals of northern Europe; advantages which he diligently used down to the last moment of his pupilage. He was officially connected with the Royal Military Hospital, near Copenhagen, during the last seven years of the Napoleon wars, residing in the edifice much of the time, as assistant in surgery. About 1809 Dr. Gram commenced the practice of his profession in Copenhagen. He was unusually successful; so much so, indeed, as at the age of forty to have acquired a competency for his future support and to enable him to render assistance to the younger members of his family, all of whom remained in this country.

Gram tested the method of Hahnemann, during the years 1823 and 1824, fully and most cautiously, as well on his own person, with reference to the verity of the pharmaco-dynamics, as in his extensive practice, with reference to the truth of the maxim of homœopathy, *similia similibus curantur.*

Having, in the year '25, attained an entire faith in the soundness of the laws and in the practicability of the new method, he resolved to return to America for the purpose of introducing it to the profession in his native land, under the institutions and conditions he deemed more favorable to its general adoption than Europe afforded. In 1825, Dr. Gram gave up his lucrative practice in Copenhagen and came to New York. He translated one of Hahnemann's powerful essays, that entitled "Spirit of Homœopathy" (Geist der Homœop. Heil-lehre), and published it in the form of a letter to Dr. Hosack, at that time President of the New York College of Physicians and Surgeons, and Professor of the theory and practice in that

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institution. It was gratuitously distributed among the leading members of the profession throughout the country, and especially among the officers of medical schools. Unfortunately, Dr. Gram's long disuse of the English language, comprising over twenty years of his residence in Denmark, gave his pamphlet so quaint a construction and style as to render it very difficult to read it intelligently. Indeed, I much doubt whether any of the gentlemen to whom it was sent ever overcame this obstacle; certainly Dr. Hosack, with whom I conversed on the subject of homœopathy two years afterwards, had not done so.

Fifteen years later, this immortal essay was ably and felicitously rendered into English by Dr. Scott, of Glasgow, in Scotland. It is greatly to be regretted that Gram's version had not been as fortunate; for a statement so firm, succinct and invulnerable at all points, made as a sharp epitome of homœopathy by the founder himself in his strongest stage of activity, could not have failed to produce a wide impression at that day, when the profession in this country had not shut their eyes to the literature of a system they have since only learned to know by technics and to reject without examination.

Gram was disappointed. He thought in this free land, the people too were philosophically free, and that the great truths so clearly set forth by Hahnemann in that essay would be hospitably entertained by the republican physicians of the United States. But however imperfectly he effected his version, with reference to the American reader, it was grammatically executed and it cost him immense labour; for the treatment of the subject is a severe task in any other language than German, and therefore, even for a thorough adept in medical literature and in the art of rendering German into English, full of difficulties. Although this praiseworthy effort fell short

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of its high mark, it was nobly aimed, and is a monument of no little value as to the time and mode of the introduction of homœopathy into the Western Hemisphere. Moreover, the selection of this essay, in my opinion the ablest of Hahnemann's polemic treatises, is itself a test of the quality of Gram's own genius and culture.

Dr. Gram's arrival and the publication of this essay, precede by several years every other effort to disseminate the doctrines of Hahnemann beyond the confines of Germany and Scandinavia. He was not only the pioneer of homœopathy then in this country, but the first in any trans-Germanic country in all the civilized world.

I claim your attention to this date and its legend of virtue, in just memory of our deceased friend, colleague and preceptor. He came to this country, not in search of money, for he brought a competent fortune with him; nor for social happiness, for he was in the most prosperous position among men of rare character and of exalted endowments, in the birthplace of his ancestors, and in the very Athens of modern Europe. He was, as I had occasion to know, the personal and much beloved associate of the good Bishop Muenter, of Callisen, and Bang and Saxtorph and Oersted. He came away from a city, a people and a country he deeply loved, as an apostle of what he deemed a reform most important to all humanity, in all countries, ages and times. He judged, and I think the end will show that he judged wisely, that homœopathy would strike a deeper root here, where royal franchises exert but a very feeble sway, and where novelty is kindly inspected, if not even too hastily welcomed. Accordingly, he made personal and social sacrifices at the shrine of humanity and science, whereon his great vow of personal duty was inscribed, and came here to inaugurate the new school of medicine under the auspices of perpetual freedom and universal toleration.

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EARLY ANNALS OF HOMŒOPATHY IN NEW YORK.

Cicero's definition of public honour is well exemplified in this case; let us cherish an honour thus worthily earned.

"*Quum honos sit praemium virtutis judicio studioque civium delatum ad aliquem, qui eum sententiis qui suffragiis adeptis est, is mihi et honestus et honoratus videtur.* * * * *Is autem, qui vere appellari potest honos, non invitamentum ad tempus, sed perpetuae virtutio est praemium.*"

Next in chronological order to Gram, I entered the lists in the study and support of homœopathy. One of my patients, Mr. F. L. Wilsey, a merchant, who afterwards studied medicine, graduating in 1846, introduced me to Dr. Gram in 1826. I had treated Mr. Wilsey for an inveterate dyspepsia a long time, and with such poor success that he besought me to consult with a stranger who had brought from Germany an entirely novel mode of practice. With much reluctance I consented, and the result was, that the patient passed into Dr. Gram's care entirely, experiencing early and marked benefit from the change, which I ascribed to his improved diet. But, as I could not answer Gram's arguments in support of the new method, and as my training, reading and experience, which had been unusally extensive for so young a man, had failed to inspire me with confidence in any past or existing plan of therapeutics, I was very soon ready to put the method of Hahnemann to the test of a fair but rigorous observation. Moreover, Gram's inimitable modesty in debate, and his earnest zeal for the good and the true in all ways and directions, and his vast culture in science and art, in history and philosophy, greatly surpassing in these respects any of the academic or medical professors I had known, very much shortened my dialectic opposition to the new system.

I selected three cases for the trial, the first "*hæmoptysis*

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in a scrofulous girl, complicated with *amenorrhœa;* the second, *mania puerperalis* of three months' standing; and the last, *anasarca* and *ascites,* in an habitual drunkard." Following Gram's instructions, I furnished the proper registry of the symptoms in each case. He patiently and faithfully waded through the six volumes of Hahnemann's Materia Medica (luckily we had no manuals then), and prescribed a single remedy in each case. The first and third cases were promptly cured by a single dose of the remedy prescribed, and the conditions, as to diet and moral impressions, were so arranged by me (Gram did not see either of the patients) that, greatly to my surprise and joy, very little room was left for a doubt as to the efficacy of the specifics applied. The case of mania was perhaps the stronger testimony of the two. The patient was placed under the rule of diet for fourteen days, previous to the administration of the remedy chosen by Gram. Not the slightest mitigation of the maniacal sufferings occurred at that time. At the time of the giving of the remedy, which was a single drop of very dilute tincture of *nux vomica,* in a drink of sweetened water, the patient was more furious than usual, tearing her clothing off, and angrily resisting all attempts to soothe her. *She fully recovered her reason, within half an hour after taking the nux vomica, and never lost it afterwards.* A fourth case was soon after treated with success, which had a worse prognosis, if possible, than either of the others. It was one of traumatic tetanus. During the first year of my acquaintance with Gram, I subjected only my incurables and the least promising instances of the curables, to Dr. Gram's experiments; but this was simply because I could not read the language of Materia Medica, and it was impossible to do any more, without a knowledge of the German. During that time, I surmounted this difficulty and became a competent prescriber of, and a full convert to, homœopathy.

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LONDON HOMŒOPATHIC HOSPITAL.

In 1829, Abraham D. Wilson, the second convert, joined us. This is not perhaps the fitting occasion to speak of Dr. Wilson as he deserves to be treated—God bless him! but never shall I forget the joy his advent to homœopathy gave me. A ripe scholar in the humanities, a physician in full practice, a genial man, quick to learn, apt, and able to instruct, I have ever found him just what he was thirty-four years ago, when he came into our communion, a brave follower of truth, a practical friend of justice. *(To be continued.)*

LONDON HOMŒOPATHIC HOSPITAL.

Extract from the Fourteenth Annual Report of the Board of Management of the London Homœopathic Hospital.

Since the foundation of the Hospital, up to the end of last year, 41,481 patients have been treated, 2,761 In-patients and 38,720 Out-patients.

During the twelve months ended the 31st December last, the total number of patients under treatment was 4,247, of whom 452 were In and 3,795 were Out-patients. These numbers exhibit an increase over the returns of 1862, of 114 In and 232 Out-patients.

Gratifying as is the fact of the increase in the number of the cases, treated both as In and Out-patients during the last year, its value is greatly enhanced by the circumstance, that through the liberality of the friends and supporters of the hospital, the extra expenditure caused by this increase has not only been fully provided for, but the balances in excess of income, in 1860, 1861, and 1862, have been adjusted, whilst at the same time, an addition has been made to the Reserve or Investment Fund to the amount of £224 16*s*.

The following is a classified summary of the results of treatment in the 452 cases of in-patients received during 1863.

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LONDON HOMŒOPATHIC HOSPITAL.

	Recovered.	Much improved.	Relieved.	Unrelieved.	Died.	Under treatment.	Total.
CLASS I.—*Zymotic or Contagious Diseases*	32	..	7	2	3	..	44
CLASS II.—*Sporadic or Non-Contagious Diseases:*—							
a.—Dropsy, cancer, and other diseases of uncertain or variable seat	13	2	5	6	3	1	30
b.—Tubercular disease	1	6	3	1	3	1	15
c.—Diseases of the brain, spinal marrow, nerves, and senses	13	11	15	9	2	2	52
d.—Diseases of the heart and blood-vessels	2	2	..	4	1	..	9
e.—Diseases of the lungs and other organs of respiration	19	8	4	..	3	1	35
f.—Diseases of the stomach, liver, and other organs of digestion	17	4	7	6	2	3	39
g.—Diseases of the kidneys, bladder, &c.	1	3	2	5	..	1	12
h.—Diseases of the organs of reproduction	11	16	6	6	..	2	41
i.—Rheumatism, diseases of bones, joints, &c.	46	20	20	5	..	8	99
j.—Diseases of the eye, &c.	5	1	1	4	..	..	11
k.—Diseases of the skin, cellular Tissue, and mucous membrane	31	10	4	2	..	3	50
CLASS III.—*Diseases from External Causes*	11	2	2	..	..	..	15
Total	202	85	76	50	17	22	452

From this summary it will be seen that a very fair proportion of all classes of diseases have been under treatment, and that the recoveries have been in the proportion of 44¾ per cent., and the deaths, which according to the Registrar-General, average in the general hospitals of the metropolis 7⅛ per cent. have been at the rate of 3¾ per cent. on the total number treated in this hospital during the last year.

The total amount received during the past year was £1,920 1*s.* 10*d.*, being an increase over the income of

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LONDON HOMŒOPATHIC HOSPITAL.

1862, of £179 12*s.* 7*d.* There have been sixty-one new subscribers, the aggregate of whose subscriptions amounts to £92 11*s.*; and the Registration Fees for out-patients exhibit the same steady increase, the sum received last year on this account being £243 6*s.* 6*d.*, against £214 19*s.*, the amount received in 1862.

The expenditure last year (less the sum of £338 17*s.* 4*d.* carried to the capital account of the hospital, and in adjustment of the debit balance remaining on the 31st December, 1862) was £1,575 15*s.* 8*d.*, against £1,526 4*s.* 1*d.* expended in like manner in 1862, thus leaving a balance of £5 8*s.* 10*d.* to the credit of the hospital, at the beginning of the present year.

The several items of the income and expenditure during the last year, will be found detailed in the balance sheet and the list of receipts for 1863, appended to the Report.

Although this Report is devoted to a record of the proceedings in 1863, the Board feel called upon to bring to the special notice of the governors and subscribers that, during the three first months of the present year, there has been an increase of above forty in-patients over the number received during the corresponding period of last year. Twenty-five of the cases treated during that period have been cases of typhus, the greater number of which were received from the Field-lane Refuge. The whole have been successfully treated (with the exception of two who died of complications which are almost always fatal—the one convulsions, the other enormous swelling of the face and throat), but the expenses attendant upon the treatment and reception of these cases have been so very heavy that, unless the income of the hospital during the next nine months of the year is considerably in excess of that of 1863, the operations of the charity will be seriously impeded, and a check will have to be applied to the increasing number of admissions.

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REVIEWS.

The Homœpathic Vade Mecum of Modern Medicine and Surgery; for the use of Professional Students of Homœopathy, Clergymen, Heads of Families, &c. Pp. 646. By E. H. Ruddock, M.R.C.S. Eng., &c., &c. London: Tressider, Ave Maria-lane.

Since the day when, in Headland's back shop, was first seen a certain little book, whose curious parentage, history, and adoption, are well known, at any rate, to our professional readers, how many "Domestic Physicians," and popular guides to homœopathic practice have been printed, in England alone!

There can be no desideratum, now, to fill—no urgent want to supply; and therefore, if an author intends his manual to elbow its way among its compeers, he must send it forth into the world as complete in its round of subjects, and as perfect in its doctrines, as the rest of its species.

That there are, among the popular guides to homœopathic practice, some which are as perfect as, under the condition of non-technicality, they can be, is acknowledged; and it is no slight recommendation to Mr. Ruddock's *Vade Mecum*, to say that, in its order, arrangement, and details, it is equal to the best.

Who Wins? Being the Autobiography of Samuel Basil Carlingford, M.D. 8vo, pp. 332. London: Simpkin, Marshall & Co.; and Hamilton, Adams & Co.

The use of the parable in teaching important truths, secular and sacred, has the warrant of high antiquity and of supreme example.

The mysteries of the priesthood of ancient Egypt were *acted* parables, embracing all that was then conceived or

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REVIEWS.

known, of natural science, or of the powers and commands of religion, and the obligations and duties of mankind.

The songs of the earliest ἐποπτοιοι, who, in their wanderings, first brought to the rude Greeks scraps of Egyptian lore, were *spoken* parables, in which, mixed up with warlike episodes, were traces of Eastern philosophy and vestiges of Egyptian science.

Indeed, in all ages, in all countries, by poet, priest, or prophet, by Heaven itself, the parabolic mode of teaching has been adopted.

So homœopathy has, also, its parables. The work before us is one of them; and since the publication of *Lucian Playfair*, no sweeter parable has been written in the cause of medical truth, than that by the fair author of *Who Wins?* As the title indicates, the parable has for its theme the experience of a medical man; but, beyond that, it describes the incredulity, the scepticism, the doubts, the feeble provings, the experimentation, the full conviction of a man, who first hears of homœopathy, and imperfectly comprehending its philosophy, treats its claims with sneering contempt; who, reasoning theoretically, instead of experimenting practically, either denies the cures ascribed to it, or traces them to other and accidental causes, and who, doubting still, is at length induced, by the relentless logic of facts, to examine for himsef the truth or falsehood of a system so opposed to his medical prejudices.

The autobiography is well and earnestly written; there is a life-like *factism* about it which keeps up the reader's attention; the arguments in favour of homœopathy are forcibly and fairly advanced; and the love story, instead of seeming out of place, sounds sweetly and pleasantly, among the stronger didactic tones of this exceedingly good and most readable parable.

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OBITUARY.

DR. SMITH.

"On the 5th of June, at the Rectory, Richmond, Yorkshire, Edmund Smith, Esq., M.D., of Ilkley Wells House, near Otley, in the 60th year of his age."

The late Dr. Smith was for some time in the service of the Hudson's Bay Company, as one of its medical officers. On his return to England, he entered into practice at Huddersfield; and there, during the fatal illness of his beloved wife, he had his mind first directed to the truth of homœopathy. Although unable to save one whose life was so dear to him, he found that the administration of homœopathic remedies contributed an amount of relief which the massive doses of the old school could not give; and struck by this circumstance, he set himself to examine carefully and experimentally the new system, in order that he might extend its benefits to others.

Convinced, at length, of the truth of the law of *similars*, Dr. Smith became an avowed homœopathist—and met, of course, the usual fate of men who, on medical matters, dare to dissent. The estranged conduct of his medical brethren preyed upon a mind more than ordinarily sensitive; and, dispirited by the loss of his wife, Dr. Smith left Huddersfield for Sheffield, the first to plant the standard of homœopathy in that populous town. How, by his skill and professional success, he made homœopathy known and trusted—how, by his kindness and sympathy, he endeared himself to the thousands who became his patients, the writer of this brief memoir has had abundant opportunities of learning.

After a time, Dr. Calvert Holland, one of the physicians to the Sheffield Infirmary, a man distinguished in the annals of medical literature, joined the followers of Hahnemann; and Edmund Smith and Calvert Holland made homœopathy a success in Sheffield.

After labouring some years in Sheffield, Dr. Smith, warned by breaking health, removed in 1858 to Ilkley Wells, hoping to find that strength would return, when long and numerous visits

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to the residences of patients would be no longer necessary. He, however, in the opinion of his friends, made a sad mistake. In becoming the proprietor of an establishment like Ilkley Wells House, he adopted responsibilities and labours which were beyond the endurance of his feeble frame.

Dr. Smith had suffered some years from heart-affection; dropsy supervened; and although eventually the absorbents recovered their power, yet his health was so far shattered, and his strength so enfeebled, that he succumbed on the 5th of last month.

"Lumina sis oculis etiam bonus Ancus reliquit"

DISPENSARY REPORT.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers.

Consulting Physicians—Dr. Drysdale and Dr. Wright.

Consulting Surgeon—John Moore, Esq., Napier-terrace, 51, Canning-street.

Physician—Dr. Hayward, Vernon-house, Mount Vernon-road.

Surgeons—Thomas H. Willans, Esq., 82, Rodney-street;
E. L. Hudson, Esq., 10, Bedford-street-south;
R. T. Geoghegan, Esq., 3, Kenyon-terr., Claughton.

Honorary Dentist—H. C. Quinby, Esq., 21, Rodney-street.

Non-Resident Stipendiary Physician—Dr. Simmons, 13, St. James's-road.

House Surgeon—F. J. Tucker, Esq.

Chemists—Thompson & Capper, 43, Bold-street, 4, Lord-street, and 46, Pembroke-place, Liverpool, and 32, Hamilton-street, Birkenhead.

The number of patients prescribed for at this Institution during the month of May was as follows:—

Old patients	2185
New „	760
The number of old patients visited	221
The number of new patients visited	54
Total	3220

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THE MONTHLY
HOMŒOPATHIC REVIEW.

HOMŒOPATHY
THE SCIENCE OF THERAPEUTICS.

By Carroll Dunham, M.D.

(Continued from p. 401)

The Conditions of a Science of Therapeutics.—We come now to consider two conditions to which every natural science must be subject, and which may therefore serve as tests of its fitness to be regarded as a "Science." The first of these is a capability of infinite progress in each of its elements without detriment to its integrity as a whole.—We have already seen that the science of Physics is capable of such progress in the phenomena with which it deals. Our knowledge of these phenomena is continually growing more comprehensive and more minute, and new elements of knowledge are continually coming into our possession with regard to them; yet their relation to each other through the law of attraction remains the same, and the science in its nature and structure receives no modification. But not only are its subjects, the phenomena, capable of progress; the law itself may advance from a minor to a grander generalization, as it was advanced step by step, by Newton, and still without destruction of the previous steps. The same is true of Chemistry. As our means of investigation become more exact and

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extensive, our knowledge of the properties of bodies increases; yet the law of Chemical Affinity in definite proportions remains undisturbed. Furthermore, this law itself becomes the subject of more extended generalizations. The law as established by Black and Cavendish was suspended, yet not overthrown (nor the science disturbed) by the wider generalization of Dalton's Atomic Theory; and this again forms but a part of Faraday's Theory of the Identity of Chemical Affinity and Electrical Attraction, and amid all these revolutions in abstract theory, the science of practical Chemistry has held an even way.

In the science of Optics, again, the phenomena of the luminous body and those of the light-receiving body are connected by the law of the transmission and diffusion of light. This structure of the science and all that is based upon it, rests undisturbed through all the mighty changes which recent discoveries have wrought in our knowledge of Optics—enriched but not revolutionized by them. But while the progress of the science has been thus rapid and uninterrupted, philosophers have been and remain at variance respecting the very nature of light and its mode of propagation. One school holds the theory of emission; another to the undulatory theory. Now, let us suppose that the science of Optics instead of being based upon an empirical law, the result of induction, and which expresses the relation between two series of observed phenomena had been based upon *a theory of the essential nature of light* and its mode of transmission. It is very evident that the whole structure that might be built upon the theory of emission would he toppled over so soon as the theory of undulation should be established. And should subsequent observation again lend countenance to the theory of emission, down would go, of necessity, the whole science as built upon the undulatory theory. And, thus, inasmuch

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as experience and sound philosophy render it tolerably certain that we shall never attain absolute knowledge on this subject, we should have, through all time, an endless succession of half completed fabrics and hopeless ruins, but no infinitely progressive science of Optics.

This furnishes an exact illustration of what would be the history of any science of Therapeutics not constructed upon the empirical plan already elaborated. Let us suppose that instead of taking as the subject of action, the *phenomena* of *disease* as derived from observation with all the aid which auxiliary sciences can afford, we should take a theory of disease—its *essential nature and mode of development*—and upon this theory should construct a science. All would go well, until facts should show that our theory was insufficient and untenable (and facts would show this since, as we have already seen, the essential nature of disease is inscrutable). Now our whole structure would be overthrown, nor would the fragments even be available for the construction of another science on another theory, for they would consist of observations made, not independently, but on the basis of a theory and with reference to it. There could thus be no possibility of steady, uninterrupted, infinite progress in the science. There would be a succession of dynasties of theory, each based on the overthrow of a former, and each in turn demolished by its successor. That this is the history of the Therapeutics of the old school of medicine up to the present day is admitted by common consent. It will continue until attempts to erect a rational science of Therapeutics upon a theory of disease, confounding the law with the phenomena, shall give place to the construction of an empirical inductive science.

"What then!" it may be asked, "shall we not investigate and theorize upon the nature of disease in general, or of diseases in particular?" By all means investigate and

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theorize just as physicists do upon the nature, properties and transmission of light—but do it as studying the science of Pathology, not that of Therapeutics—and avoid most carefully, making these theories which can be at best no more than temporary aids to the observation and grouping of phenomena, the basis of a practical science. If, however, they throw light on the study of phenomena, render our observations of them more keen and more exact, or afford us connecting links between isolated groups of phenomena—and they will do all this—they will render valuable *indirect* aid to the science of Therapeutics, just as similar investigations of light have advanced our knowledge of Optics.

A second condition or test of a natural science, and therefore of any proposed science of Therapeutics, is that it shall provide for the prediction of future events within its own domain. It must furnish means of *prevision*. The problem must be as follows: Given the law and one series of phenomena, to state the corresponding series of phenomena on the other side. This condition is admirably stated by Whewell: "Men cannot help believing that the laws laid down by discoverers must be in a great measure identical with the real laws of nature, when the discoverers thus determine effects beforehand, in the same manner in which nature herself determines them when the occasion occurs. Those who can do this must to a great extent have detected nature's secret—must have fixed upon the conditions to which she attends and must have seized the rules by which she applies them. Such a coincidence of untried facts with speculative assertions cannot be the work of chance, but implies some large portion of truth in the principles on which the reasoning is founded. To trace order and law in that which has been observed, may be considered as interpreting what nature has written down for us and will commonly prove that we understand

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her alphabet. *But to predict what has not been observed,* is to attempt ourselves to use the legislative phrases of nature; and when she responds plainly and precisely to that which we thus utter, we cannot but suppose that we have in a great measure made ourselves masters of the meaning and structure of her language. The *prediction of results* even of the same kind as those which have been observed, in *new cases,* is a proof of real success in our inductive processes." *Whewell, Philosophy of the Inductive Sciences,* Vol. II, pp. 64, 65.

The discovery of the planet Neptune by Leverrier and Adams affords an instance of this prevision, in Astronomy, the details of which are familiar to all. The problem was: Given the law of attraction and a series of phenomena, consisting of certain unexplained perturbations of Jupiter —to find the other and corresponding series of phenomena. The calculations were made; the resulting phenomena were stated to be those of an undiscovered planet of a given size and orbit and a definite location, the existence of which was accordingly affirmed and its discovery predicted. Physical investigation confirmed the induction.

This condition applies to all natural sciences, and of course to Therapeutics. The problem would be: Given the Therapeutic law and a certain series of phenomena of natural or drug-disease, to find the corresponding series of phenomena of drug or natural disease.

Does "Rational Medicine" Fulfil these Conditions?—This being the nature and these the conditions and tests of the only possible science of Therapeutics, we come now to inquire whether the old-school Therapeutics are of this nature or will sustain these tests. The works of the foremost men of the old school abound in admissions of their lack of a Therapeutic law and of the chaotic state of their practice. See Forbes, Bennett, Todd,

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Holmes and others. But the efforts of these men to remedy this sad state of things show a constant misapprehension of the philosophy of the science they are striving to construct.

We may divide old school Therapeutics into two methods. The one bases the plan of cure upon a theory of the nature of the disease,* endeavours so to study the pathology of the disease as to form a sound hypothesis of its modus operandi and then essays the cure upon "general principles." It undertakes in fact to act in Therapeutics upon what we have seen to be the true method in Hygiene. There are three objections to this method, any one of which would be conclusive were there not a prior difficulty in the *simple impossibility* of arriving at a knowledge of the nature of the disease, which is *modified life.* A simple example will show this impossibility. In Pneumonia, the blood contains an excess of fibrine. How happens this? Why, either the elimination of fibrine has been retarded or its fabrication has been accelerated. What are the agents of these respective processes? Cells —which are essentially similar in all parts of the body— and yet whose structureless walls possess the power of separating from the circumambient fluids the most diverse substances in different organs, nay, even of manufacturing new substances. Now, until we can learn the secret of this mysterious power of the cell-wall, which begins and ends with life, which we can neither comprehend nor imitate nor simulate, we shall not arrive at an understanding of the *nature* of any disease.

Of the other objections to this method the first two are

* Thus Prof. Geo. T. Elliott in his recent Valedictory to the Graduating class at Bellevue College Hospital says: "In these wards, by those bedsides, have you seen the patient application of the searching analytical laws by which we seek to discover the essentiality of disease."

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somewhat paradoxical. The method constitutes rather a congeries of sciences of Therapeutics based on theories of isolated groups or types of disease, than a single, all embracing science founded on one comprehensive theory of disease. Hence a new science must be formed for every new type. It is too *special.* On the other hand, it is too *general* to embrace all *the phenomena of each individual case.* For observation shows incontestably that, so great are the varieties of temperament and relative organization and condition among men, that no two cases of the same disease, so to speak, are exactly alike.

Such a Therapeutics must be necessarily based on a theory which is a generalization and which therefore overlooks those phenomena of a given case which are peculiar to the individual patient and takes cognizance only of those phenomena which are *common* to a great number of cases. Now a method which requires such generalization and makes no provision for the strictest individualization is radically vicious.

The eye of science regards natural phenomena with the most absolute impartiality. In her view there are no *trifles,* no events, subjective or objective, which are "irrelevant" and "of no moment." A method of Therapeutics, however, which selects a few symptoms, calls them pathognomonic of Pneumonia, constructs upon them a theory of the disease and from this deduces a mode of cure, must disregard many phenomena of every individual case. It arbitrarily pronounces them "accidental"—but Nature knows no *accidents.*

So far is this method from meeting the requirements of inductive science, that it is not too much to say that this process of generalization actually leads to the treatment of cases which have no real existence and never had any, in fact, to the *treatment of abstractions.* For whoever saw a case in which none but the pathognomonic symptoms of

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Pneumonia were present—or of Rheumatism or Dysentery? Who ever saw ideal cases of these diseases? We all see cases which present the pathognomonic symptoms *plus certain others* peculiar to the individual, but these vary with the individual and thus make each case different from every other. We see and treat the Pneumonia or Rheumatism of John Doe or Richard Roe, each of which presents, in addition to the pathognomic signs of the disease, certain peculiar modifications impressed upon these signs by the temperament and idiosyncrasies of these persons, along with other symptoms peculiar to each. For such an individualization of disease as would give equal (or, as they deserve higher) rank to these peculiarities of the individual patient, the method under consideration makes no provision. This fallacy was perceived and well exposed by the Leipsic Professor, who recently exclaimed to his class: "Gentlemen, we have to do with *patients* and not with *diseases*."

The next objection to this method is that it does not fulfil the first condition of a physical science. It is not capable of infinite progress. This point needs no elaboration. It was fully considered when the condition was stated. In confirmation of what was then said, I need only refer to the successive rise and decline of Brunonism, Broussaisism, the humoral and solid pathology, the theory of the dyscrasias and the reign and decadence of Iron, Iodine, Cod Liver Oil, etc.

The second method of Old School Therapeutics is the Methodical which discards theory and founds its rules for treating disease upon numerical data obtained from observation or by experience upon the sick.

Given records of three series of cases, 1000 in each, and under three modes of treatment. Under treatment A 500 recovered; under B, 300; under C, 200. A is adopted as the established mode of treatment for the disease—

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"Risum teneatis, Amici?" An elaborate criticism of this method is unnecessary. It is enough to say that it does not fulfil either condition of a physical science. It is incapable of infinite progress. The addition of 500 cases to the 3000 above named might modify all conclusions and place treatment C in advance of A or B. There would result a complete revolution in practice and in the direction of investigation.

But it utterly fails to enable us to foresee and provide against new forms of disease. If a thousand or two of cases must be seen and experimented upon, in all conceivable ways, before definite and trust-worthy conclusions as to the best treatment can be arrived at, who would not pray that his turn might come among the third or fourth thousand? Who would not pity the victims among the first thousands?

Notwithstanding these obvious objections, this method of constructing a science of Therapeutics upon observation, whether at random or based on experimentation upon the sick, has the sanction of some of the highest names in the profession—among which it is sufficient to name Louis and Forbes. It demands therefore a more extended consideration. As it involves the application of both Mathematics and Logic, the opinion of the highest authorities in these respective sciences should be conclusive as to the soundness of the method and we content ourselves with quoting two of them:

M. Auguste Comte, one of the first living mathematicians and who would therefore be disposed to apply mathematical methods to the natural sciences wherever this were possible, expresses himself in the following manner concerning the numerical method in medicine:

"Indeed, the spirit of calculation tends in our day to introduce itself into this study (Physiology), especially into that part of it which relates to medical questions by

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a far less direct method under a far more deceptive form and with infinitely more humble pretensions. I wish to speak of that assumed application of it which is called the Statistics of Medicine, from which so many *savans* expect great things and which, from its very nature, can lead only to profound and direct degradation of the medical art (which would be reduced by it to a method of blind enumeration). Such a method, if we may be allowed to call it by the name of method at all, cannot in reality *be anything else than absolute empiricism*, disguised under the frivolous garb of mathematics. Pushed to its extreme logical consequences, it will tend to make all rational medication radically disappear from medicine, by conducting the practitioner to make random trials of certain therapeutic measures with the object of noting down, with minute precision, the numerical results of their application. It is evident, on principle, that the continued variations to which all organism is subject, are necessarily more pronounced in a pathological than in a normal state, and as a consequence of this fact, the cases must be even less exactly similar, whence results the manifest impossibility of making a judicious comparison between two curative methods derived from data, furnished by statistical tables alone, independent of some sound medical theory. No doubt some direct experimentation, restrained under proper limits, might be of great importance to medicine as well as to Physiology, but it is precisely under the strict condition that it shall never be merely empirical, but shall always attach itself either in institution or in its interpretation to an entire system of corresponding positive doctrines. Notwithstanding the imposing aspect of the forms of exactness, it would be difficult to conceive of an opinion in Therapeutics more superficial and more uncertain than that which rests solely on the easy computation of fatal and favorable cases, to say nothing of the

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pernicious practical consequences of such a manner of proceeding, when one could not beforehand exclude any kind of attempt.

"It is really deplorable that geometricians have sometimes honored with some kind of encouragement, such a profoundly irrational aberration by making vain and puerile efforts to determine by their illusory theories of chances, the number of cases sufficient to make these statistical results legitimate."—*Cours de Philosophie positive par M. Auguste Comte, Tom.* III, pp. 418, 420.

And with a direct reference to the method of obtaining a correct system of Therapeutics by experimenting with individual medicines and individual cases of diseases, and forming of the results statistical tables from which deductions are to be drawn by the numerical method, the highest modern authority in philosophy, John Stuart Mill, speaks in his *System of Logic* (Harper's edition, 1848, p. 260). "Let the subject of inquiry be the conditions of health and disease in the human body; or (for greater simplicity) the conditions of recovery from a given disease; and in order to narrow the question still more, let it be limited, in the first instance, to this one inquiry—Is or is not a particular medicament (Mercury for instance) a remedy for that disease?

"The experimental method would simply administer Mercury in as many cases as possible, noting the age, sex, temperament and other peculiarities of bodily constitution, the particular form and variety of the disease, the particular stage of its progress, etc., remarking in which of these cases it produced a salutary effect and with what circumstances it was on those occasions combined. * *

"When we devise an experiment to ascertain the effect of a given agent, there are certain precautions which we never, if we can help it, omit. In the first place, we introduce the agent into the midst of a set of circumstances,

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which we have exactly ascertained. It need hardly be remarked how far this condition is from being realized in any case connected with the phenomena of life; how far we are from knowing what are all the circumstances which pre-exist in any instance in which Mercury is administered to a living being. This difficulty, however, though insuperable, in most cases, may not be so in all; these are sometimes (though I should think never in Physiology) concurrences of many causes in which we yet know accurately what the causes are. But when we have got rid of this obstacle, we encounter another still more serious. In other cases, when we intend to try an experiment, we do not reckon it enough that there be no circumstances in the case, the presence of which is unknown to us. We require also that none of the circumstances which we do know of, shall have effects susceptible of being confounded with those of the agent whose properties we wish to study. We take the utmost pains to exclude all causes capable of composition with the given cause; or if forced to let in any such causes, we take care to make them such that we can compute and allow for their influence, so that the effect of the given cause may, after the subduction of those other effects, be apparent as a residual phenomenon.

"These precautions are inapplicable to such cases as we are now considering. The Mercury of our experiment being tried with an unknown multitude (or let it be a known multitude) of other influencing circumstances, the mere fact of their being influencing circumstances implies that they disguise the effect of the Mercury, and preclude us from knowing whether it has any effect or no. * *

"In phenomena so complicated it is questionable if *two cases similar in all respects but one ever occurred;* and were they to occur we could not possibly know that they were so exactly similar.

"Anything like a scientific use of the method of experi-

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ment in these complicated cases is therefore out of the question. We can in the most favorable cases, only discover, by a succession of trials, that a certain cause is very often followed by a certain effect."

HAS "RATIONAL MEDICINE" ACCOMPLISHED NOTHING?—But it may reasonably be asked, can it be possible that a large number of men of every generation since Hippocrates, and among them some of the brightest intellects the world has known should have been engaged in the study and practice of medicine, with no better result than this—a simple vacuity? I admit the rare intelligence and devotion of the laborers. But, in the first place, the task is mightier than any other essayed by man; may it not reasonably require ages to complete its plan? Again, labor however intelligent and devoted, if misdirected, must fail of its end. If one generation of intellectual giants erect a towering fabric and their equally lusty successors demolish it, what does the third inherit save a heap of rubbish which it may require the best years of its life to clear away. Generation after generation of wise men labored to construct the physical theory of the universe, yet not until the recent day of Newton did we learn how to *begin* aright. True, Newton's predecessors from the earliest ages observed and stored away a mass of isolated facts of the greatest value, but they knew not the magic word wherewith to charm them into order. In like manner, it is not denied that we are indebted to our predecessors for a vast number of isolated facts of incontestible value as materials to be used in the construction of a science of Therapeutics. We are indebted to them also for the elaboration of those subsidiary sciences—Anatomy, Physiology, Pathology, Chemistry and the like, in which, indeed, the great glories of the medicine of to-day have been won, and without which, we cheerfully admit, Therapeutics as a science could not exist.

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But it is said that Therapeutics *must* have advanced in as much as the rates of mortality have steadily diminished. *One* sort of improvement we gladly acknowledge. Simultaneously with the spread of Homœopathy, old school physicians began to learn to abstain from mischievous modes of treatment formerly pursued, and which terribly enhanced the natural fatality of diseases. Professor Bennett in the introduction to his work on Clinical Medicine, specifies the following diseases in treating which he says: "Great improvements have been made," and he adduces this as a proof of the advancement of medicine, "Apoplexy, Pneumonia and Pleurisy, Syphilis, Small Pox, Phthisis, Bright's disease and Favus." A reference to the chapters in which he treats of these diseases shows that he conceives the improvement in their treatment to consist in abstinence from methods which were formerly employed and which he clearly proves were very mischievous. For example, Blood-letting in Apoplexy, Pneumonia, Pleurisy, Phthisis and Bright's disease — the immoderate use of Mercury in Syphilis — heroic medication and external warmth in Small Pox, and avoidance of all internal medication for Favus which he conceives to be a vegetable parasite. This improvement then is purely negative, a very poor ground on which to claim *positive* advancement in the construction of a science, however deserving of the gratitude of suffering humanity. The formula for improvement of all kinds is, "Cease to do evil; learn to do well." We admit that the old school are learning to obey the former, the negative clause. We invite them to advance and join us in the latter, the positive.

Again, an extended knowledge of the remote causes of disease and of the principles of Hygiene have enabled medical men to prevent the occurrence or the spread of many forms of disease. And far be it from us to undervalue, through any love of a newly constructed science of

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Therapeutics, this branch of a physician's function, the forestalling or arrest of maladies by Hygienic means. As increased knowledge in this department of science has enabled us to dispense with therapeutic agents in many cases in which they were formerly resorted to, so we firmly believe that, with the advancement of learning, Hygiene will more and more curtail the boundaries of Therapeutics until the day shall come when the physician shall be prized as the *preserver* rather than solely the *restorer* of health, and shall be consulted respecting the means of *preventing* rather than solely of *curing* disease, and the "family doctor" shall be regarded as the confidential adviser, valuable in proportion as he *keeps* his client *out* of bed, just as the family lawyer is confided in, for the purpose of keeping his clients out of court! In that day there will be fewer apothecaries.

DOES HOMŒOPATHY FULFIL THE CONDITIONS OF A SCIENCE OF THERAPEUTICS?—Returning now to our argument, we find that the field is open for a science of Therapeutics. In the light of what has been said we proceed to examine the claims of Homœopathy to the honor of being that science.

In its structure as a science, Homœopathy conforms to the model we have delineated. It consists of a law or formula which expresses the relation between two series of phenomena, those of a given case of disease on the one hand and those of a given drug-proving on the other. The elaboration of each of these series is the province of various subsidiary sciences, and they are analogous in their mode of elaboration. Each series, however, is entirely independent of the other. Each may be pursued independently, as a branch of Natural Science and under the heads of Pathology and Pathogenesy respectively, researches may be made in each without any view to a practical application in the cure of the sick. It is

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only when connected by the law of their relation (the formula of similarities) that they constitute the science of Therapeutics.

Their application, moreover, in obedience to this law is based upon no hypothesis respecting the essential nature of either variety of phenomena or of their modus operandi where brought into operation. This may surprise some who know how earnestly Hahnemann argued on these very points in his *Organon*. But these arguments were no essential parts of his system. They were the results of an endeavour to commend his discovery to the prevalent way of thinking. They constitute the only controvertible part of his writings and are the only positions of his which have not triumphantly withstood the assaults of his critics.

Coming now to apply to Homœopathy as tests the condition to which we have shown that every inductive science must conform, we find in the first place that it is capable of infinite progress in each of its elements, without such progress involving the destruction or denial of what has been previously constructed or received. The study of the phenomena (whether of disease or of drug-action) was limited at first to the observation of external manifestations and subjective sensations as these might present themselves to our senses unassisted by any of the aids by which modern science has sharpened them, or to our minds unaided by that knowledge of the connection and mutual relations and dependences of symptoms for which we are indebted to modern discoveries in Chemistry and Pathology. But these advances in Pathology, great as they have been, have not altered the relation which the phenomena of natural disease bear to those of drug-disease. These phenomena respectively, whether rudely apprehended or clearly and fully understood in all their relations and inter-dependencies still bear the same relation

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to each other—expressed by the law *Similia Similibus Curantur*. And we can imagine no possible development of the sciences of Pathology and Pathogenesy which could alter this relation.

And then the law itself may be but a stepping-stone to a still wider generalization which shall one day embrace both it and something beside, and which shall make clear some things which we now see darkly. But should this occur, as the like has occurred in other Natural Sciences, there will be, there can be, no revolutionary action in it. It may be that the edifice, as we now occupy it, is still unfinished—it may be that other stories are one day to be added—but assuredly, as the tower is to the spire, as the buttress to the pinnacle, so will this generalization be to that which may be constructed upon it—a basis—an indispensable first step in the construction of the science.

The complete manner in which the second condition, that of *prevision*, is fulfilled by Homœopathy is a source of inexpressible benefit to the race. It follows from the very terms of the science that if the phenomena of a given case of disease be known, the law of relation will at once point to the appropriate remedy (if this be contained in the Materia Medica) and this indication may be relied upon with implicit confidence, even though no such case of disease has ever heretofore been subjected to treatment. Conversely, when the properties of a given drug have been investigated and its toxic phenomena well ascertained, the physician is able to pronounce with certainty what form of disease it will cure, even though no such disease has ever been witnessed or treated by himself or by anybody. An illustrious example of this *prevision* was afforded by Hahnemann. The terrible fatality of Asiatic Cholera on its first invasion of Europe is well known. In extenuation of their lack of success, physicians of the old school pleaded that the disease was new to them—they

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had had no opportunities to study it and to ascertain by experiment the effects of remedies upon it. The plea was plausible, but fatal to the pretensions of their science. In fact it was good for nothing. For surely the first thousand cases should have afforded means enough for learning the pathology of the disease and how to cure it, if *this were to be learned from Pathology.* But hundreds of thousands perished and yet the per centage of mortality remained the same.

While the disease was still on the confines of Europe—before it had invaded Germany—long before either he or any of his disciples had ever seen a case of it, "Hahnemann guided by the unerring therapeutic rule he had discovered, at once fixed upon the remedies which should prove specific for it and caused directions to be printed and distributed over the country by thousands, so that on its actual invasion the Homœopathists and those who had received Hahnemann's directions were fully prepared for its treatment and prophylaxis, and thus there is no doubt many lives were saved and many victims rescued from the pestilence. On all sides statements were published testifying to the immense comparative success that had attended the employment of the means recommended by Hahnemann before he had seen or treated a single case. This one fact speaks more for Homœopathy and the truth of the law of nature on which the system is founded than almost any other I could offer, viz.: that Hahnemann from merely reading a description of one of the most appallingly rapid and fatal diseases could confidently and dogmatically say such and such a medicine will do good in this stage of the disease, such and such other medicines in that; and that the united testimony of hundreds of practitioners in all parts of Europe should bear practical testimony to the accuracy of Hahnemann's conclusions."—*Dudgeon's Lectures on Homœopathy*, p. 87.

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We may add that in the second Epidemic of Cholera in 1849, the old school, despite their experience in 1831-34, had but little better success, while again the justice of Hahnemann's conclusions and the claim of Homœopathy to that *prevision* which characterises *a true science* were vindicated by the splendid success of the homœopathic treatment.

John Stuart Mill, in the portion of his work on Logic from which we have already quoted, in speaking of the three methods of investigation—that of observation, that of experimentation and that of deduction—after showing conclusively that the two former are inapplicable to medicine, speaks of the deductive method in terms which are (unintentionally of course, and for this very reason they are the more conclusive) a description of the philosophy of Homœopathy. "If, for instance, we try experiments with Mercury on a person *in health*, in order to ascertain the general laws of its action upon the human body, and then reason from these laws to determine how it will act upon persons affected with a particular disease, *this* may be a *really effectual method*, but *this is deduction*."

(*To be continued.*)

OBSERVATIONS ON THE TREATMENT OF FEVERS.

By John Anderson, M.D., M.R.C.S.

(Continued from page 341.)

Continuing the remarks on the continued forms of fever of the second subdivision (B), viz., those of the nervous or adynamic type, the special forms of typhoid and typhus fevers now claim a brief consideration as the next in order of detail (see table of classification, page 202).

2. *Typhoid fever.*—It would be quite out of place in a brief paper like the present to enter upon any lengthened

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disquisition upon the nature and minute characteristics of typhoid fever as distinguished from typhus fever. It is still undecided whether there really are two distinct and separate species of fever arising from distinct poisons, under the names of typhoid and typhus, or whether they merely represent different types of the same disease, yet presenting certain distinctive characteristics dependent on age, locality, the state of health at the time of seizure, and certain special idiosyncrasies. It appears from the researches of Dr. Jenner, and others who have given much attention to this subject, that in addition to the presence of rose-coloured spots on the skin which disappear on pressure (one of the chief diagnostic marks of typhoid fever), the following phenomena present themselves, viz.—the mean age in typhoid fever is 22 years; relapses are frequent; Peyer's glands are diseased; there is great irritation, inflammation or even ulceration of the mucous membrane of the alimentary canal; the characteristic eruption appears from the seventh to the fourteenth day, each spot lasting about three or four days, fresh spots making their appearance every day or two during the whole course of the disease, the spots themselves being papular, of a bright rose colour, comparatively few in number, and irregularly scattered over the surface of the trunk. It may perhaps be correct further to say that typhoid fever presents upon the whole less dangerous symptoms than typhus fever, especially as the depression and prostration are neither so great in degree nor so early manifested.

No special remarks need be made on the treatment of typhoid fever as apart from typhus. Similar dietetic and regimenal rules are indicated, and in both diseases it will be found that *arsenicum* is the great medicinal agent on which to rely.

3. *Typhus fever.*—The symptoms of typhus fever are

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so well known, and so easily recognised, as scarcely to need more than a very brief description. This formidable disease may exist as a special malady *per se*, or it may be the sequel of other fevers arising in a great measure from the degenerating tendency of the system, or it may exist as a state or condition in connexion with diseases of various kinds and degrees of danger; in this latter case it will be spoken of as the *typhoid state.*

It may be well to speak first of the typhoid state as being the least complicated manifestation of this important disease. The first indications of this state will be a diminution of strength—more or less prostration, in fact; a feeble pulse, and the tongue becoming dry and brown; also a strong tendency to degeneration of the tissues of the body. It is a remarkable fact, and one to which allusion has been already made in the former part of this paper, that the fever accompanying the various forms of disease at the present day is very frequently of this low, adynamic typhoid type, and hence arises the great danger to life, and the need for the most vigilant watchfulness on the part of the physician to meet this state of things by appropriate medicines, diet and regimen. Typhus fever, as the sequel of gastric or some other forms of fever, does not present any special peculiarities, excepting perhaps that the symptoms are less intense in themselves, although the prostration and exhaustion of the system may be so great as to threaten if not to destroy life. Typhus fever as a special and distinct disease from the first, presents very well-marked characteristics. It is true that the preliminary symptoms may be those apparently of a gastric fever or of a common continued fever, but very soon the tongue becomes dry, glazed and brown, or dark red or mahogany colour, the pulse feeble, the strength prostrated, the appetite impaired, the powers of life exhausted. And this alarming state of things may continue for a period of

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seven, fourteen or twenty-one days (the average for the two sexes, out of 181 cases, was found by Dr. Davidson to be 20½ days). According to Dr. Jenner, the special distinguishing characteristics of typhus, apart from typhoid fever, are as follows: The mean age in typhus fever is 42 years; relapses are infrequent; Peyer's glands are not diseased; the eruptive spots appear earlier, viz., from the fifth to the eighth day, and continue until death or recovery, they are mulberry-coloured or livid in appearance, irregular in outline, are not removed by pressure, and pass into petechiæ, they are very numerous, and are usually found on the trunk and extremities also. It must also be borne in mind that in the severer form of typhus fever especially, certain local complications of a very formidable character are apt to arise. In 521 cases selected from the journals of the London Fever Hospital, 114 were complicated with cerebral affection, 103 with thoracic affection, 71 with abdominal affection, and 70 with cerebral and thoracic, cerebral and abdominal, or cerebral, thoracic and abdominal affections combined; in fact, only 163 out of the 521 cases were unattended by complications. The three following complications therefore are well marked and not unfrequent. α. *Cerebral complication.*—This is always an important complication, and one frequently attended with danger to life. The membranes of the brain are more or less congested or inflamed; there is great pain in the head; delirium; great restlessness; stupor; increased heat of the face and scalp; suffusion of the eyes; pulse slow and oppressed, or frequent and feeble. β. *Thoracic complications,* in which bronchitic, pleuritic or pneumonic congestion or inflammation occurs. There is cough; dyspnœa; the expectoration mucous or sanguineous, or both; a congested appearance of the countenance, and the ordinary recognizable physical signs. Pneumonic inflammation is a very dangerous and by no

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means an infrequent complication; it is sometimes, however, quite latent, only recognizable by the auscultatory signs, and not by the usual external symptoms. *γ. Abdominal complications*, in which there is gastric, enteritic or hepatic congestion or inflammation; great pain and tenderness in the abdomen, especially in the iliac region; nausea and vomiting; great irritability of the bowels; tongue red at the edges; skin sallow or more or less jaundiced; evacuations loose or watery, ochre-ccloured or dark, and fetid.

In reference to the treatment of this most formidable malady, whether existing as a state or as an actual disease, it happens most fortunately that homœopathy presents a medicine, the value of which it is impossible to speak too highly, viz., *arsenicum*. It is not, however, to be understood that this one only medicine is always indicated, and that no other is to be used. The existing complications of a cerebral, thoracic or abdominal character may be so important as to compel the use of other and specially appropriate remedies, and even in the absence of these complications, certain intercurrent remedies may be indicated and used with the greatest advantage; but, nevertheless, the writer has found from considerable experience that wherever and whenever the typhoid state or typhus fever presents itself, either actually or threatening, *arsenicum* is the one grand medicine on which to rely; always remembering, however, the most important adjuncts of regimen and diet. And it is most interesting to observe the exact correspondence of the provings of this medicine with the symptoms and appearance of the typhoid state or fever. These provings are of the most minute and accurate character, and are corroborated by the recorded *post mortem* appearances in fatal cases of poisoning by *arsenic*. The following is a careful summary of the provings, poison symptoms, and pathological anatomy of *arsenic*.

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OBSERVATIONS ON THE TREATMENT OF FEVERS.

Provings.—General rapid sinking of strength; excessive debility; emaciation; skin burning; spots resembling petechiæ; fever characterized by great languor, weakness, trembling of the limbs; muddled condition of the head, with lacerations and oppression in the forehead and temples; livid countenance; lips swollen, dry and parched; pulse rapid, feeble, intermittent, small, frequent; delirium; loss of consciousness; violent headache; sunken countenance; pale death-coloured face; yellow livid face; distorted features; sunken eyes, surrounded with blue margins; bluish lips; dry and parched lips, blackish colour around the mouth; tongue red and dry, brown or blackish, cracked and trembling; fetid smell from the mouth; great dryness of the mouth and tongue; violent, unquenchable burning, suffocative thirst; oppression, anxiety and excessive anguish in the pit of the stomach; uneasiness and pains in the abdomen; evacuations burning, dark green, slimy, dark brown, putrid, black, bloody; involuntary micturition; oppression of chest, laboured breathing.

Poison symptoms.—The following symptoms of poisoning by *arsenic*, as given by Orfila, are in harmony with the foregoing provings:—"Fetid mouth, anxiety, heat of the præcordium, the alvine discharges blackish and of a horrible fœtor; pulse small, frequent, contracted and irregular; unquenchable thirst; pungent heat all over the body, sensation as of a burning fire; breathing difficult; urine scanty, red and bloody; change of the features of the countenance; the body covered with livid spots, and sometimes with a miliary eruption; prostration of strength; delirium."

Pathological anatomy.—Black-blue spots over the whole body; inflammation of the membranes and substance of the brain; serous effusion into the ventricles of the brain; inflammation of the pleura and of the lungs; dark

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colour of the lungs; dense lungs, two-thirds of their substance, particularly the posterior parts, being congested with blood; redness and inflammation of the pericardium; inflammation and erosion of the stomach; symptoms of inflammation in the whole track of the intestinal canal; dark spots in the mucous membrane of the duodenum and ileum; purple redness of the duodenum; softening and thickening of the coats, also ulceration; liver turgid with blood; congested condition of the kidneys.

The other principal medicines used by the writer in the treatment of typhus fever are *rhus*, *carbo vegetabilis*, *china* and *lachesis*, the provings of which are as follows:—

Rhus.—Great debility; great languor of the whole body; petechial spots also with great debility, even to complete loss of strength; violent feverish thirst; slow and irregular pulse; delirium; the lips are dry and parched, covered with a reddish brown crust; the tongue is not coated, but very dry; parched, red or brown tongue.

Carbo vegetabilis.—Tremulousness of the body, attended with great failing of strength; general physical depression; feeling of great lassitude; pulse frequent, feeble and depressed; collapse of pulse; congestion of blood to the head, with hot forehead and muddled feeling in the head.

China.—Lassitude and languor mental and physical, great sinking of strength; slow, feeble pulse; copious sweat, the lips are dry, parched, blackish; blackish, parched tongue; loose stools with dark urine; putrid stools; scanty urine.

Lachesis.—Weariness with bodily languor and mental excitement; rash over the whole body, small smooth spots of the size of the point of a needle; small and quick pulse with hot skin, small soft pulse of unequal volume; restlessness, great nervous irritability; delirium at night; beating headache, dartings in the head, heat in the head;

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sunken face with expression of suffering; cracked lip, black tongue, difficulty of speech, hurried talking; diarrhœa; copious brown-red urine; turbid and dark urine with a sediment of brown sand and severe cutting during micturition.

In the treatment of typhus fever, the writer has generally used the *arsenicum* in the 3rd dilution, very occasionally in the 2nd dilution, either alone or in alternation with some one other medicine that appeared to be indicated with reference to any complications that might exist; for instance, if there were cerebral complications, *belladonna* was found most useful; if there were thoracic complications, *phosphorus* or *bryonia;* if any abdominal complications, *mercurius, nux* or *pulsatilla* were selected. Occasionally, the writer has found *rhus* serviceable; and in one very severe case of cerebral typhus, in a child 6 years of age, the *rhus* in alternation with *belladonna* was very successful. *Carbo vegetabilis* in alternation with *arsenicum* was also useful in one case where extreme prostration existed. It has been the writer's invariable practice to administer *arsenicum* whenever in any case of fever there were symptoms of prostration, and especially if the tongue were dry and glazed. Mention has already been made of the fact (page 206), that by the timely use of this invaluable medicine, the writer has seen the threatening typhoid state or symptoms arrested and turned back; and only very recently two cases have occurred in which this was very manifest. One case was that of a gentleman 72 years of age, who was first seized suddenly with a severe attack of spasm of the biliary ducts, accompanied by great gastric and hepatic disturbance. This yielded speedily to the appropriate remedies, and in three days afterwards he was seized with a severe attack of inflammation of the kidneys, with great pain and very turbid urine. On the subsidence of these formidable ailments,

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symptoms of gastric fever set in and continued for some time, threatening ever and anon to assume the low, adynamic type, and eventually to run into typhus fever. A careful attention to the due administration of a very nutritious diet, with the judicious use of stimulants and occasional doses of *arsenicum*, proved happily successful in averting the threatened evil, and a highly satisfactory convalescence and recovery resulted. The second case occurred at the very outset of an eruptive fever: the whole system was greatly disturbed; the tongue dry, brown and glazed; the lips dry and cracked; in twenty-four hours there was improvement from the use of *arsenicum*, and in forty-eight hours the typhoid state was entirely arrested. In addition to medicinal means, it is also most important to attend to diet and regimen. The writer has no wish to dogmatise on the question of diet, but he cannot help expressing his very decided conviction (the result of much observation and experience) that in all cases where there is the remotest tendency to that low adynamic state so prevalent at the present day, it is most important to give a thoroughly nutritious diet, together with the careful administration of stimulants—claret, port wine, champagne, or brandy, according to the exigencies of each individual case; and the time for all this scrupulous attention to diet seems to be more particularly at the very outset of the disease, even before the disease itself is fully developed, and when threatening symptoms are manifesting themselves. It is scarcely necessary to dwell upon the importance of strict attention to regimenal rules; every physician must acknowledge how indispensable cleanliness, ventilation, quietness, &c. are in all cases of fever, especially of the low form.

After the general remarks that have been made on the treatment of typhus fever, it is scarcely necessary to cite individual cases, nevertheless the following may prove interesting as illustrations:

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OBSERVATIONS ON THE TREATMENT OF FEVERS.

Master G., æt. 9, had been suffering from gastric fever for a few days, accompanied by diarrhœa, for which *bryonia* at first and afterwards *mercurius* were given. Two days after this, violent typhoid symptoms set in with but very little local complication. *Arsenicum* was immediately given, and the next day there was manifest improvement, the tongue being less dry and the diarrhœa mitigated. Two days subsequently there was some degree of drowsiness and the tongue was still dry; *rhus* was given, but on the next day there being no manifest improvement but some bronchial cough with sordes on the lips, the *arsenicum* was resumed; the next day he was better, the tongue still very dry and cracked; the *arsenicum* was continued, and in three days more, being fourteen days from the commencement of medical attendance he was quite convalescent.

Some years ago, the writer was summoned to see a little boy at Ramsgate, whom he found labouring under an attack of typhus fever as severe as he had ever witnessed in the whole course of his practice. The tongue was brown, dry and cracked, the lips were black and covered with sordes, there was great emaciation, and the prostration was excessive. The prognosis was most unfavorable, in fact no reasonable hope of recovery could conscientiously be given. Nevertheless, under the steady use of *arsenicum* in occasional alternation with *carbo vegetabilis*, combined with a nutritious diet and most scrupulous attention to cleanliness, with the most careful nursing the little fellow gradually but completely recovered to the surprise and joy of all. This case was both an instructive and an encouraging one, it shews that one need never despair in cases of fever even of the most dangerous kind and when recovery seems almost hopeless. The action of the *arsenicum* was most marked, but much must also be ascribed to the careful observance of dietetic and regimenal rules,

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and very much also to the unremitting watchfulness and care of his mother-in-law who acted as nurse throughout, and who reported the progress of the case regularly every morning by letter to London, the writer having only made three visits to Ramsgate at intervals of a week to see the patient.

Miss M., æt. 18, had been suffering for six days with symptoms of gastric fever; the tongue was furred, there was diarrhœa and some delirium, and for these *bryonia* and *belladonna* in alternation were given. At the end of this period, all the symptoms of typhus fever with pneumonic complications were manifested: the tongue was brown and dry; there was great cerebral excitement; skin very hot; crepitation of lungs posteriorly. The head was shaved, and *arsenic* and *phosphorus* were given in alternation. The former medicine had a very marked influence, and the next day there was some improvement, the tongue being less dry. The following day there was decided relief to the typhoid symptoms, and *bryonia* was given for the pneumonic complication. The improvement continued day by day, and the patient speedily became quite convalescent.

(To be continued.)

To the Editor of the MONTHLY HOMŒOPATHIC REVIEW.

SIR,—The following article has been forwarded by me to the Editor of the *American Homœopathic Review* in reply to the queries propounded by Dr. Lippe in the paper reprinted from that journal in your *Review* for this month; may I beg the favour of its publication in the next number of the *Monthly?*

I am, Sir, your obedient Servant,

ALFRED C. POPE.

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"WHO IS A HOMŒOPATHIST?"

A REPLY TO THE CRITICISMS OF DR. ADOLPH VON LIPPE.

By Alfred C. Pope.

In the *Monthly Homœopathic Review*, published to-day, I see an article from the pen of Dr. Lippe of Philadelphia, reprinted at the request of Mr. David Wilson from the *American Homœopathic Review*. To the questions therein, addressed to me, regarding some observations I published in the English journal under the title of "Who is a Homœopathist?" I now propose to reply:—

In the course of his critique Dr. Lippe frequently writes of "Mr. Pope and his friends," a description which seems to imply that I have officiously thrust myself forward to express, not only for myself *but for others*, views for which I alone can be held responsible. This I most certainly have not done. At the same time I have good reason to believe, from intercourse with homœopathic practitioners since that paper was written, that I am by no means singular in the opinions I entertain.

With this personal explanation given, I will proceed to the consideration of Dr. Lippe's queries. By the phrase "aggravation of the disease," I do mean "aggravation of the symptoms," or to be plainer, the increase in intensity of the expressions of disease, of those altered sensations by which we in a great measure judge of the nature of disease. I do not see how the symptoms could be rendered more perceptible if the morbid process giving rise to them were not itself increased or aggravated. It was, I have always understood, the fact of the symptoms becoming aggravated after a large dose—such an one, for example, as would be *needed* to carry out an antipathic theory—of a homœopathically selected remedy, together with some other circumstances regarding the dispensing monopoly of the German apothecaries, that led Hahnemann to employ

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extremely infinitesimal doses. So far as my experience has gone, aggravations rarely occur either with the 1st, 2nd or 3rd dilutions. Dr. Cockburn of Glasgow says he has seen sharp aggravations follow unmedicated globules! This is assuredly the "unchecked progress of disease." I can readily believe that such aggravations frequently follow the higher and highest dilutions.

In the next paragraph Dr. Lippe misquotes an extract I made from Dr. Constantine Hering's preface to the American edition of the *Organon*. Dr. H. writes of "the practical RULE of the master;" Dr. L. makes this "practical RULES;" a widely different affair! Hering here obviously alludes to the *law, Similia similibus curantur*, and to the *law* only. To "the practical rules of the chronic diseases" he makes no reference.

In disputing the accuracy of my statement that "homœopathy consists simply and solely in prescribing for disease such remedies, and such remedies only, as produce similar disease in a healthy person," Dr. L. makes what appears to me a very puerile play upon words. He asks "has (*sic*) *aconite, bryonia* or *phosphorus* ever produced pneumonia?" I reply *aconite* produces an aconite disease, *bryonia*, bryonia disease, *phosphorus*, phosphorus disease; and further, that these diseases resemble among others certain forms of pneumonia, that they are therefore homœopathic to them and consequently curative of them.

Dr. Lippe next takes exception to the proposition that "the dynamisation theory may be true or false, and homœopathy remain unaffected." Most unquestionably such is the case. The truth of homœopathy does not depend upon the provings of *Carbo vegetabilis* being correct or otherwise. How the symptoms alleged to have been produced by this medicine were obtained I am not aware, never having read the original experiments. But I do know, *ex usu in morbis*, that some of the symptoms

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at any rate said to have occurred from persons taking it in some form or other are correct. I do not deny that prolonged trituration may in some drugs develop power to affect the human organism, but no evidence that I have ever seen proves that it does so in all, neither can we show to what extent it does so in any. Dr. Lippe adduces nothing at all to prove that the dynamisation theory is an indispensable part of homœopathy, he merely says that it is so, and this has been already done *ad nauseam*. That such a theory is not "indispensable" has on the other hand been shown often enough by perfect cures having resulted from the use of crude drugs in small doses, prescribed on the homœopathic principle.

"It has been proved many a time and oft, that a low dilution or the pure substance has succeeded in curing where a higher dilution has failed." In commenting on this passage from my paper, Dr. Lippe asks for the minute record of a case illustrating the truth of what I state. I confess that I can see no advantage that would be derived from such a detail. If my word that I have seen such cases, that medical friends of mine have seen such cases, is not sufficient evidence on which to ground this assertion, the report of a case by me would be equally valueless.*

Dr. Lippe asks what I understand by "a cure." *The Imperial Lexicon* interprets "a cure," "a restoration to health from disease, and to soundness from a wound." I think that definition as good as any that could be given. Dr. L. tells us that an allopathist "cures" an accelerated pulse dependant on organic disease of the heart by *digitalis*. I never heard of an allopath pretending "to cure" anything of the kind. Relief for a time to suffering

* See a paper by Dr. Diller on Diphtheria, *Western Homœopathic Observer*, March, 1864.

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from organic disease of the heart some may endeavour to secure from the antipathic action of *digitalis*, but none but a quack or an ignoramus would ever presume to describe such an achievement—if effected—as "*a cure.*"

Not having seen the experiments of Dr. Eidherr I am unable to express any opinion regarding them.

Dr. Lippe now writes as follows:—"That crude drugs and low potencies cure and cure according to the homœopathic law of cure no one ever denied, and if this had not been the fact we would not have had homœopathy!" This is exactly what I have in the paper, to which Dr. Lippe takes so much exception, endeavoured to enforce—and as a natural consequence that the man who so practises is homœopathist. "Oh, but," says Dr. Lippe, "high potencies cure where the low don't;" perhaps they do, but the cases illustrating this assertion are marvellously few, and were they legion would not affect the argument at issue one iota. Hence the man who uses the "crude drugs," "according to the homœopathic law," is every whit as much a homœopathist as he who prescribes the "higher potencies," "according to the homœopathic law."

Dr. Lippe next remarks, "in every instance in which a lower potency has ever *relieved* not *cured* a case to which a higher potency of the same remedy had been given without success, this relief has proved to be only the palliative effect, not the curative action of the remedy." This is simply a roundabout way of saying that, where relief has only been given by a medicine, that medicine has only palliated the patient's sufferings. This I apprehend applies equally to high and low dilutions where a cure is not effected, but some ease to the patient, some mitigation of pain, &c., only secured by the drug used.

What I understand by homœopathy I have stated as clearly as I can in the third paragraph on the eighth page of the January number of the English *Review*. I cannot

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do so more explicitly, and therefore must ask Dr. Lippe to read this paragraph again.

Having read the sentences referred to I would like Dr. Lippe to tell me whether I, holding the therapeutic views therein expressed, am a homœopathist or not; and if I am not so, what am I? I care not one jot what I am called so long as I cure my patients; or how I cure them, so long as I do so in the quickest, safest and pleasantest manner known to me.

I find no fault with Dr. Lippe for his faith in "potentization," for supposing that a case of intermittent fever of some standing is curable in three or four days with as many globules of the 2000th dilution of *belladonna;* or with Mr. Wilson for imagining that *lycopodium* 200 cured a case of pneumonia all but moribund before that marvellous agent was, through the medium of *aqua pura*, introduced into the patient's organism. What I do object to is the arrogance and presumption which demands for those, *for those only*, who credit such extraordinary—I had almost written supernatural—assertions, the exclusive right to a title for which they can show no special or peculiar claim. What I still more object to is, that with so much remaining to be done in sifting the *materia medica*, with the urgent call for accurate translations of original provings, with the need, so frequently expressed, for an examination of the relations borne by well proved medicines to clearly defined forms of disease, with the whole superstructure of the science of therapeutics waiting its erection on the foundations laid by Hahnemann and his early disciples, that while all these works are unaccomplished, men, who we would trust are competent to assist in carrying them out, should expend their time and strength in dilating on the supposed extraordinary merits of 2000th and 10,000th dilutions; and still further exhaust their energies in unmeasured abuse of all who will not accept their *post hocs* for *propter hocs*.

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WHO IS A HOMŒOPATHIST?

With the Wilson-Hempel dispute I have nothing to do. Doubtless in a work of such magnitude as the *Symptomen-Codex* there are errors. But in spite of them I feel that I am, and I think all English reading homœopathic practitioners ought to be, extremely grateful to Dr. Hempel for his untiring industry in placing before us in an English dress the records of the actions of many valuable drugs. If Mr. Wilson and those who have joined him in raising this hue and cry about Hempel's imperfections had only done one fiftieth part of the work that he has accomplished, homœopathy would be much better understood, much more widely and successfully practised than it is. These gentlemen are critics and nothing more. They find fault with the work of others and do none themselves! But it is "never too late to mend," and if Mr. Wilson really believes that Hempel's errors are as general and as serious as he has represented them to be, let him put his shoulder to the wheel and give us a "revised edition" of the *Symptomen-Codex*, "corrected from original sources;" such a work well done will earn for Mr. Wilson the cordial thanks of all English homœopaths; and further, a great good will have grown out of a discussion which hitherto has been productive of more evil to the progress of homœopathy than any other that has ever taken place.*

With one more reference to Dr. Lippe's article I will bring this paper to a conclusion. Dr. L. complains that Dr. Hempel, when in a witness box, swore to having given one fifth of a grain of *arsenic* in cholera:—that the

* I cannot resist reminding *The Hahnemann Publishing Society* that it is now 12 years since we were informed that the following medicines were "in a state of forwardness," and might be "shortly expected."—Thuja occidentalis by Dr. Madden; Ipecacuanha by Dr. Sharp; The Poison of Coluber naja by Dr. Russell; Mercury and its preparations by Dr. Black; Argentum by Dr. Ker. I need not say that the hope—the promise—here expressed has never been fulfilled.

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patients did well:—and that in prescribing his habit was to "endeavour to stop short of symptoms of poisoning." Of course all this is to Dr. Lippe very objectionable. Dr. Hempel is objectionable; the fifth of a grain of anything as a dose of medicine is objectionable; but to state that any case of disease was ever cured by such a dose is in the highest degree objectionable; it is utterly subversive of all Dr. Lippe's ideas on the subject of homœopathy! The most singular passage in this attack upon Hempel is that which declares that the symptoms characteristic of *arsenic* and those which are so of Asiatic cholera are so very different, "that but in very few and very exceptional cases *arsenic* may become the curative remedy in the abovenamed disease." I would here ask Dr. Lippe whether he has ever seen a case of arsenical poison, whether he has ever stood by the bedside of a cholera patient? Or has he ever studied the published details of an instance of either? That he can have done so and have failed to recognise the similarity of the two conditions seems almost impossible. Dr. Rutherfurd Russell, an authority on the subject of Asiatic cholera by virtue of his extensive clinical observations, his painstaking investigations into the nature and treatment of the disease, writes thus:—"*Arsenic* is the remedy in which we have far the most faith after the period for the administration of camphor has passed away." (*Epidemic Cholera*, p. 213. London, Headland, 1849). The dose employed by Dr. Hempel was unquestionably larger than is ordinarily necessary, and possibly a less

A Repertory which no one, or at any rate but very few, can read has occupied time that might have added extensively to the three incomparable provings the Society has already given us. I trust that the Repertory, being either completed or abandoned, we may without fear of disappointment shortly expect two or three more trustworthy provings from this source. The Society might rely on a large addition of members if they would but repeat their production of 1852.

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quantity would have been equally successful in his cases. But the fact remains the same that what was given was successful—no small merit in any medicine in such a disease as Asiatic cholera. By the phrase "we endeavour to stop short of symptoms of poisoning," I apprehend Dr. Hempel to mean that while he prescribed sufficient medicine to compass his object—the cure of disease—he did so without risking the chance of an aggravation from giving an excessive dose, a contingency always to be kept in view in prescribing a homœopathically selected remedy. The phrase is certainly a bad one, but clear enough in its meaning to all who understand homœopathy, and are free from any desire to misrepresent its author.

I trust I have now been sufficiently "explicit" to enable Dr. Lippe to understand what I mean by a "homœopathist."

York, England,
July 1st, 1864.

BRIEF NOTES ON CASES OF DISEASE.

Treated by J. H. Nankivell, M.R.C.S., Penzance.

William Richards, aged 7. This case was one of severe strumous ophthalmia, principally affecting the eyelids, which were inflamed and thickened. During the first week of treatment he took *sulph.* 3 night and morning, without any perceptible effect. *Hepar* was then prescribed with much relief, as far as the intolerance of light was concerned, but the lids remained pretty much as at first. He then had *arsenicum* 3 for about ten days, with the greatest benefit: the lids regained their natural healthy state, and the photophobia ceased.

Elizabeth Jane Chapel, aged 20. Twelve years since, when small-pox was prevalent, she refused to be vacci-

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nated (had never been vaccinated); she took small-pox, had a severe attack, and has ever since been stark blind. The eyes are in a state of constant oscillation; and she thinks that this is caused by a burning pain in the head, which she suffers from at times—it affects the forehead and vertex; when the pain diminishes, the rolling of the eyes is less marked. She took *nux vom.* 3, and afterwards *glonoine* 3, with great relief to the headache.

James R., aged 40. Twenty-two years since he had severe inflammation of the left eye and utter loss of sight; the eye is now in the worst state of staphyloma. About a month before I saw him, his right eye had also become diseased; and with a credulity most astounding, he trusted for relief principally to the nostrums of a herbalist. When I was called to this poor fellow, I found the cornea of the right eye perforated by ulceration, and the organ rendered utterly useless. Here are two cases of blindness, not the less lamentable from their being caused partly by the prejudices and unwittingness of the poor sufferers themselves.

Ann M., aged 18. Psoas abscess. This case is so far interesting, inasmuch as it affords an instance of the (so to speak) incarceration of pus for at least three years, without the production of any severe constitutional symptoms. The abovenamed patient was seen by me about two years since, and I found that she had suffered from angular curvature of the spine, and as the result of this, pus had formed and gradually found its way to the saphenic opening in the left thigh. Fluctuation was very distinct. I proposed to make a valvular or subcutaneous opening, so as to evacuate the matter, or at least a large portion of it; but the girl and her parents were very averse to any operation, and nothing has been done. The patient is active, cheerful, and tolerably healthy; she

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walks about and amuses herself with her domestic occupations: it may be that she is doing better than if the abscess had been discharged.

Jane Tremellick, aged 1 year. Vaccinated when five months old; *was healthy before that, but never thrived afterwards* (how frequently one hears a similar statement!). Two months since had measles; has been very ill ever since. During sleep she scalds and burns like fire; at night, shrieks for hours, and is like a child convulsed; has a dreadful cough; she often trembles violently; vomits her food. The lungs were much congested, and loud bronchial rhoncs were heard throughout the chest. There was no evidence of consolidation of pulmonary tissues. She had *aconite* for three days, when the report was that the burning and heat of skin had disappeared; less shrieking at night; no sickness; some sweating whilst asleep. The child then took *bryonia* 12 for four days, after which the mother informed me that the child had regained her appetite, but did not sleep well. She afterwards took *cham.* and *puls.*, when I was informed that the little patient was as hearty as ever, slept well, and was come "clever."

Wm. Charles Harvey, aged 18 months. Five months since was a healthy child, and able to walk; he then got the measles, and now is quite unable to stand; his appetite is most voracious, and he has bread at night to satisfy his craving; fontanelles barely closed; mesenteric glands enlarged; diarrhœa; food passes through him but very little digested; there is a slight cough.—June 1. ℞ *Calc. carb.* 3, one drop three times a-day.—8th. Bowels less tumid; diarrhœa less; and the child has walked about the house! Continue *calcarea.*—15th. Is improving daily, getting stronger, and has walked or rather "run

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away" out of the house.—On the 18th he had a relapse, and took *sulph.* 30; after which he again mended, the *calcarea* was repeated, and he soon made a good recovery.

Elizabeth M., aged 23. I relate this case as a curious one, and illustrative of the "*nimium diligentia*" practice. Seven years since this young woman was bitten by an adder in the right leg. She had been gathering "hurts" on a down, and fell on a viper, which, being thus enraged, turned and bit her; she felt most acute pain, and hastened home. *Ten hours* afterwards, when the limb was much swollen, a surgeon excised the wounded part, and in two months it had healed; but she has ever since been subject at times to an ulceration of the cicatrice. She had a lotion of *calendula*, and took *lachesis*, *apis*, and *arsenicum*, but only with partial benefit. It is difficult to understand the *rationale* for the use of the scalpel in the above instance, bearing in mind the time which had elapsed, and the rapidity with which animal poisons are absorbed.

Elizabeth W., aged 43; has had thirteen children. For some months has had pain in right breast, which shoots through the shoulder; legs affected with lepra vulgaris for fourteen years; bowels much relaxed; evacuations slimy; griping pains before and after stool. She had *merc. corros.* 3, and did not return. I was struck with a remark made by this poor woman, and which had a smack of philosophy in it, viz.: "Well, this world is but a hospital, and we shall all die in it."

Anasarca from a Cold.

Agnes H., aged 24, unmarried. Was in good health until seven days since; was then exposed to cold rain. The next day her face swelled, and she felt short on the breath; in a week the arms and legs were stiff and much

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swollen; the urine very scanty and high coloured, was not tested for albumen; no pain anywhere. She took *apis mellifica* 3, with immediate benefit; she had also a few doses of *dulcamara*. She rapidly recovered, and her own impression was that the bee-poison was the alone remedial agent, the *dulcamara* having been of no use to her.

AN APPEAL TO THE HOMŒOPATHIC PRACTITIONERS OF GREAT BRITAIN,

TO PETITION PARLIAMENT TO PLACE HOMŒOPATHY, IN THE EYE OF THE LAW, ON THE SAME FOOTING AS THAT OF OLD-SCHOOL PHYSIC.

By Dr. EADON.

——"Eripe turpi
Colla jugo. Liber, liber sum, dic age."—HOR.

THE tortoise or the snail fitly represents the progress of Homœopathy. Tardy motion hath become to it, a kind of second nature: rapidity of advancement, it has never known. Altho' Homœopathy is founded, on an inflexible law of nature, and will last as long as there is an Intelligence to understand and to appreciate; yet, its ultimate triumph may be prevented, for ages, by impediments which have either not been perceived, or which, for peculiar reasons, it was not seen fit to remove. Homœopathy is in this peculiar condition at the present time. There are obstacles which should be surmounted, or no progress can be made worth the name. Thousands of people, even in the present untoward circumstances, prefer it to any other mode of treatment, and would rather die by it—and many do; but there is always a felt drawback—the Imprimatur of Legality not being stamped upon it. In consequence of this, tens of thousands, favourably disposed towards the science, prefer dying *secundum legem*, than by an un-

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recognised practice of Physic, how rational soever it may be considered in principle, or beautifully curative in practice.

It has been quite a mistake to suppose, that Homœopathy has been really legalized in this country, because gentlemen, with Allopathic Diplomas, practise it, and in virtue thereof, have been allowed to place their names on the legal Register. This class of Homœopathic practitioners are on the legal Register as ALLOPATHS, and in no other light. The Law allows them to register, because they hold Allopathic diplomas; but, it does not recognize, as LEGAL, any form of practice which they may adopt, save that for which their diplomas were granted, and which they swore to follow. The Allopathic mode of medical practice is alone recognized as the legal practice of medicine in this country; and, whoever practises any other, whatever the nature of his diploma may be—Allopathic or Homœopathic—is doing that which the Law of England does not at present recognize. Without State-recognition, Homœopathy comes, of necessity, under the category of one of the QUACKERIES OF PHYSIC.

That class of Homœopathic practitioners, who have graduated at the Homœopathic Colleges, practise a form of medicine which is illegal, tho' they hold in their hands, a parchment which Academically gives them the right to practise what they have been taught. That other class of Homœopathic practitioners, who practise with Diplomas obtained from the Allopathic Colleges and Boards of Examination, likewise practise a form of medicine which is Illegal, but with PROFESSIONAL OR ACADEMIC DIPLOMAS which give them no license to practise, so far as Homœopathy is concerned. The one, in fact, practises that form of Physic which their diplomas empower them to practise, but the mode of treatment happens, at present, to be without State-recognition: the other, adopts the very

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same methods, but with Diplomas, which give no professional, or Academic right to practise what they do, but, a *legal right* to practise a form of physic which is considered diametrically opposite. In short, both practise medicine, not sanctioned by law; the one, with a special College licence to do it; the other, with no special College licence to do it; but, having Diplomas for the practice of Old Physic, the latter use these as warrants wherewith to practise the New. This is how matters stand:—a professional and illegal anomaly.

Does any practitioner of our school doubt these views, or demur at these disagreeable inferences? If he do, let him leave his little homœopathic nook, put his allopathic diploma in his pocket, and plunge into the great world of things as they are moving around him. Let this Allopatho-Homœopath, with his Allopathic credentials in his hand, apply for any appointment in the army, or, in the navy, or, for any union or club vacancies; or, if more ambitious, let him try to be a physician to some Infirmary or Hospital; or, if his SELF-ESTEEM has become still more highly excited, let him send in, voluminous documentary evidence of his learning, genius, and didactic skill in imparting knowledge, for a vacant Medical Chair in any of our Universities, Colleges, or Schools; and, he will find *in limine*, a barrier placed before him, beyond which, he would not be allowed to advance a single step,—and why? because, his mode of treating disease would be viewed in the light of quackery, and the parchment, which he held in his hand, though Allopathic, would be scowled at as a mere piece of simple paper symbolic of precious little for which it was given, in the mind of him who possessed it. As a SYSTEM OF PHYSIC, then, the practice of Homœopathy is illegal, whether with a Licence from the old, or from the new schools of medicine; and they who so practise, are, in the eye of the Law, ILLEGITI-

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MATE—the bastards of the Profession! Registration is a mere farce; for the moment a Homœopathic foot is placed in the doorway of any Public Institution, the *anguis in herbâ*, which, up to that period, had lain concealed, at once starts forth, and ejects its poison with an effect which paralyses and renders impotent all further effort.

It is hard to write in this way, but the naked truth must be told:—there is no evading the inference which has been drawn. The Homœopathic Physicians in this country (not in Canada, for, in that part of Her Majesty's dominions Homœopathy and Allopathy are on the same legal footing) are *illegitimate*, whether they hold Allopathic or Homœopathic diplomas, because the Ægis of State-recognition has not been placed upon Homœopathy as a form of medical practice.

There are at present nearly 300 homœopathic practitioners in this country, with hundreds of thousands of patients, who consider this the only rational form of treatment ever offered to the world for the Body's physical salvation; publications, monthly and quarterly; Lecturers, who take great interest in enlightening the public mind with regard to its doctrines; and a literature, of no mean dimensions, calculated, in an eminent degree, to diffuse sound principles, and to uproot old errors. Now, all this is a mere drop in the Ocean; and a hundred years' trailing on in this see-saw style will make scarcely any difference in the development and diffusion of this God-sent agency, taking into account, the future increase of population in this country. What is now being done, by the present living Homœopaths, for the general spread of Hahnemann's immutable principle of "Like cures Like" is mere child's play; and, if 10,000 such small agencies were set afloat, the result would be very little indeed, for the trouble, time and expense put forth. Exertion, to tell well, should be on a principle, pregnant with mighty issues.

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There must be a new kind of agency set on foot;—a cause, adequate to the effect of producing in process of time a complete fusion, both in principle and practice, of both schools of medicine. What is that agency? It is this—the obtaining of AN EQUALITY IN THE EYE OF THE LAW OF HOMŒOPATHIC AND OF ALLOPATHIC PRACTICE. This alone will cause Homœopathy to spread rapidly. We must remove, by the agency of LAW, the prejudices of the Faculty, and find a means for the thousands of Allopathic practitioners, who are Homœopaths at heart, to come out, and be honest to their convictions. This alone will have the power to bring about that mingling of Allopathic and Homœopathic talent, which would tend so greatly to the advancement of rational medical science, and, ultimately, to the promotion of the Health of the Community at large. Were this accomplished, a greater stride would have been taken, in one single year, towards the diffusion of the natural law of "Likes," both in the profession and amongst the public at large, than has been done, in the whole sixty years, since its first announcement by the Immortal Hahnemann.

It seems strange that any one can see the course which the present living Homœopaths should adopt but themselves. Ten years ago—long before the present Medical Act was passed, Geo. Hadfield, Esq., M.P. for Sheffield, saw that EQUALITY IN THE EYE OF THE LAW BETWEEN THE HOMŒOPATHIC AND THE ALLOPATHIC PHYSICIAN WAS THE ONLY WAY TO SECURE INDEPENDENCY OF ACTION, FREEDOM FROM CONTROL, AND THE RIGHT TO APPLY FOR ALL KINDS OF MEDICAL APPOINTMENTS WHICH MIGHT BECOME VACANT. The substance of Mr. Hadfield's letter to the writer was—"Get a Charter for a Homœopathic College—make your own M.D.'s and M.R.C.S.'s and you will be independent of old school control. When the Homœopathic degrees are in the eye of the Law on a par

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with the Allopathic degrees, all medical appointments will be open to the men of both schools; and the election of officers will depend upon the enlightenment of the public mind. There are so many Homœopaths in both Houses of Parliament, that a Bill to Charter a Homœopathic College, with power to grant degrees, and render Homœopathy legal, in every point of view, would easily pass." Other Members of Parliament entertain similar views.

The fact is, an independent course of action has not been taken by the Homœopaths of this country. The conservatism of Self-Interest and not the advancement of Homœopathy, seem to have been the ruling principle. They have acted, as if it were the wish, for Homœopathy to be ABSORBED by an improved old practice of Physic, and not for the Law of similia to be the reigning Therapeutics—the sole system of Rational Medicine. They have acted, as if they did not *believe*, AT HEART, the divine law of "Likes" upon which their practice was founded, and by which they earned their daily bread. The Great Reformers in the world's civilization played a very different part. They not only *intellectually believed* the truths which they espoused and defended, but threw around their cause the irradiations of an intensely excited Ideality. Zeal for truth, and an enthusiasm, which sparkled defiance in every glance of the eye, gave eloquence to their tongues, power and terseness of expression to their pens, and filled the whole man, with an energy which rendered opposition comparatively useless. This kind of attitude will command success in any cause.

Nothing grand was ever accomplished by half-measures. A system of compromise is a curse to every great Idea which tends to the improvement and amelioration of man's condition, whether Physical or Mental. All or none is the motto of him who intends to turn round, with any chance of success, the wheel of human progression.

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The faint-hearted and the unbelieving have no strength. The brain cannot discharge its odylic currents, *in pleno rivo*, without a Cause, not only high, lofty, and soul-impelling, but there must be an innate conviction, almost amounting to an Inspiration, of ultimate triumph. If the Therapeutics of Homœopathy are to become the medical practice of this country, and of the world, a Cause must be set in motion adequate to the production of so glorious an effect: And that cause is no other, as we firmly believe, than EQUALITY IN THE EYE OF THE LAW OF THE HOMŒOPATHIC AND ALLOPATHIC SYSTEMS OF MEDICINE. LAW, and LAW ALONE, can so charge the Homœopathic System with power, that no jungle of prejudice will be able to impede its march, nor thickest forests of mental ignorance resist its influence.

During the month of May, the writer of this article called at the Apothecaries' Hall, in London, when the following Dialogue took place. The inference is plain, which party ought to move, if any thing effectual is ever to be done towards introducing Homœopathy into the Public Institutions of the Land, and making it the common practice of the world.

A. Well! and how did Miss Elizabeth Garrett get along in her examination?

B. Admirably. We do not go very deep into Botany, but she shewed such a knowledge of the subject as quite astonished her Examiners. She found fault with some of the drawings of the specimens, pointing out where the error lay, and shewed how the mistake might be rectified. The fact is, she proved herself thoroughly mistress of the subject.

A. Has she attended classes?

B. Yes.

A. Where?

B. In Edinburgh and in London. The fact is, so far

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as her examination has proceeded, she has fulfilled every condition to the letter of our Charter, and there was no alternative but to pass her.

A. Then, this is a mere Examining Board?

B. Precisely so. We have nothing to do where Candidates get their knowledge from. They have only to shew that they have attended the classes required by our Programme, and it is ours to examine, and to pass. We have nothing to do with any "Pathy."

A. I beg your pardon—I think you have.

B. Oh! yes! with one—ALLOPATHY.

A. From this, I infer, you will not admit to the Board for Examination any other "PATHY" but your own.

B. No! certainly not.

A. Pardon me, but I think you will be compelled, by changing circumstances. As sure as you are a living man, you will have to examine the Homœopathic Student at this Board.

B. Well! that may be: we cannot say what may happen, but it is not so *now*.

A. As sure as there is a God in the Heavens, so sure will Homœopathic Therapeutics be the medical practice of the world.

B. That may be: but you know *it is not for us to make any move!!*

A. Certainly not. You know that I am an enthusiastic Homœopath. I believe, in my heart of hearts, that the Law of "Likes" is *the* Therapeutic Law, given for the amelioration of human suffering. At the same time I admit many excellencies are to be found in old school practice. With the Homœopathic torch in the hand, not a few exquisitely beautiful stalactites may be seen to hang from the roof of the Allopathic Fingal, which, with a little skill, can be formed into articles of great use and beauty for Homœopathic purposes.

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B. No doubt. You are quite right.

Thus ended the colloquy.

From this, it is evident, which is expected to be the party of action, if Homœopathy is ever to have its full legal privileges. Something must be done. It is impossible to go on at the present tortoise pace. The Homœopaths will rust from inaction. Already the oxid tinge is upon them; and Iron *rusts* faster than it *wears*.

Dissent was, at one time, in reference to the Church, just what the Homœopathy of the present day is to Allopathy. The Dissenters petitioned again and again till they got their rights—and they petition still. Church and Dissent are, in a great measure, on an equality in the eye of the Law. The Dissenter can study at the national Universities, or at his own Colleges, just as he chooses. There is no obstruction. There are Dissenting interests, and Church interests throughout the land, but each interest is legal. The one cannot look down upon the other, as not having the protection of the State. A man can be a Clergyman, or a Dissenting Minister, of any denomination he pleases, and still be protected by the Law; so should it be in Medical matters. A man should be either a Homœopathic, or an Allopathic practitioner, just as he pleases, but, in either case, the ægis of the Law should defend him; and all Medical appointments be open, as well to the one as to the other, the choice being left to those in whose power the election might rest.

Since the Homœopath pays taxes to the State as well as the Allopath, on what principle of Justice is the former withheld from appointments now entirely in the hands of the latter? Why should the State be allowed to protect Allopathic more than Homœopathic medicine? There is no reason except that possession is nine-tenths of the Law. So long as Homœopathic Physicians pay taxes, no Medical-Disabilities-Bill should be allowed to exist, to

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prevent a distinguished Physician of this school from reaching to, and holding the highest Medical positions in this country.

Well then, what is to be done in order to gain full Legal equality in Medical practice. In the first place, there must be union of purpose in the homœopathic body itself—a oneness of thought and of action. Secondly, there should be a meeting held in London, of every Homœopathic Practitioner in the country, as far as possible, to determine upon a line of action. What is wanted is—

1st. A Hospital (that we have).

2nd. A Medical College with lecturers in every department of study, so as to secure a thorough medical education to the Students.

3rd. A Charter, with power to grant degrees of M.B., M.D., or C.M.

If young men had the opportunity of entering either a Homœopathic or an Allopathic College, just as they please, and the Degrees of the former were equally as legal as those of the latter, the doors of all Medical Institutions being, in consequence, thrown open to both sets of practitioners, the effect would be magical. The talent of the old school, uniting with that of the new, the chaff of Error would soon be winnowed from the wheat of Truth. Medical nonsense, known as such, but cherished from the *pride of place*, would take to itself wings and fly away; bickerings, in every aspect unprofessional, would cease, and rivalries for excellence, take their place; the touch-not-the-hem-of-my-garment-notion would cease to be felt; and each medical man—A TRUE PHYSICIAN THEN—standing on one common platform of Legal Equality,—brain alone making the difference—would be free to exercise that friendly interchange of thought, and render that help which, in severe cases, is so desirable, and the deprivation of which, has been so keenly felt in the present state of medical antagonisms.

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If such is the position of Homœopathy in this country, and the Practitioners of this Science are honest in the pursuit of Truth,—worthy representatives of the enthusiasm and the indomitable perseverance of the distinguished Hahnemann—of him who, amid all medical compeers, will rank higher than the highest, there seems only one course left, in order to avoid the condemnation and scorn of an after-race of Homœopathic Physicians; and, that is, to inaugurate a united action, and to make a ceaseless effort in the Commons House of Parliament till Homœopathy is fully legalized in England, and Victoria, its Queen, be as free to elect her Homœopathic, as her Allopathic Physicians.

THE EARLY ANNALS OF HOMŒOPATHY IN NEW YORK.

By JOHN F. GRAY, M.D.

(*Abridged from his Discourse before the Homœopathic Societies of New York and Brooklyn, on the 10th of April, 1863, the Anniversary of the Birthday of Hahnemann.*)

(Concluded from page 442.)

NEXT came our beloved Dr. A. Gerald Hull. He was studying medicine under my supervision at the time of Dr. Wilson's conversion, and was a member of our almost daily reunions. He took his degrees in the arts at Union College, with distinguished rank, in 1828. He remained there some months, pursuing a post-graduate course of studies in chemistry and anatomy under our late and justly revered colleague, Dr. Joslin, at that time and for many years after, a professor at Union. Dr. Joslin and I had studied medicine together, graduating in the same class, in the College of Physicians and Surgeons, and I suggested the course taken by Hull, well knowing the unusual advantages he could reap from Joslin's exact and full attain-

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ments in the natural sciences. On his coming to the city, Hull entered Rutger's Medical College. Hosack, Mott, Macneven, Francis, and the great Irish surgeon, Bushe, were the professors. With Francis and Bushe he also studied in extra College courses of lectures as a private pupil. But best of all the assistance he enjoyed, in my estimation, was the daily guidance and conversation of the good pioneer, Gram. In the summer time Gram taught him botany; master and pupil making frequent foot excursions for the purpose, in the neighbourhood of the city, analyzing the wayside and wood flowers, as they wandered through the rich floral regions of our coast. Wilson and I sometimes joined this party, and also made some advances in botany under Gram. In the winter evenings, Gram reviewed descriptive anatomy with Hull, in a methodic course of dictation in the Latin language, which the pupil was required to record in writing as it fell from the master's lips; a task which probably no public teacher in any of our American colleges could have executed, and I am quite sure no other pupil could have performed his share of the exercise better than did young Hull. Whatever is charming in the development of a brave and industrious student of the natural sciences and of medicine, was seen in full glory in the professional growth of that pure young man, in his relations with his riper instructors. Drawn by his zeal and proficiency in learning, his moral rectitude and his sweet courtesy of manner, each of these in turn, from Joslin down to Gram, became his earnest friend and willing preceptor. In all, Hull spent four years of professional studies, after his full terms and graduation at Union, in this way; and you, my dear colleagues, most of you, had opportunities to know from personal intercourse with him how well he profited by these advantages, and how worthy he was of the consideration he enjoyed, as a man, an author, and a physician.

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In 1832, Hull formally entered the profession. Voluntarily imitating the legal custom of North Germany, he underwent the pubic and recorded examination, at that time established by the Medical Society of the County of New York (as did Dr. Curtis after him), and after a trial of his attainments, which occupied thirteen hours, he received the diploma on the unanimous vote of the censors, in the presence of a large concourse of medical gentlemen who were interested in the new mode of examination. Hull's was, I believe, the first case under that method. Our colleague, Dr. Wilson, was one of the censors, and he can tell you how potent an instrument that form of trial was for testing the qualifications of examiners as well as candidates. If that perfect institution could have been spared in the county society, and extended, as it must soon have been, by legal enactments, to all the sources of license in the state, we should at this day have had a body of physicians and surgeons fully equal to the requirements of justice and humanity, instead of the sadly deficient profession around us. The cupidity of the college dealers in diplomas, however, strangled the salutary innovation in the society, and killed our persevering efforts with the Legislature to establish it by law. It must rise again; a surfeit of foul monopolies will one day paralyze the existing trade in diplomas. Gram and his little circle were the introducers of the method. It cost two years of arduous exertion; but it was worthy of a lifetime more to establish it permanently!

Dr. Hull was actively engaged in his profession for twenty-seven years. His debut as a writer in support of homœopathy was made in the *American Journal of Homœopathy*, published by me in 1834, of which he was the associate editor. In 1840, that work was resumed after four years' suspension, under the title of the *Homœopathic Examiner*, of which he was the responsible editor,

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which reached its fifth volume. He also edited four American editions of Jahr's *Manual*, and aided in the *Symptomen-Codex* of the same author. He likewise edited an American edition of Everest's *Popular View of Homœopathy*, and several editions of Laurie's *Domestic Practice*. Perhaps it is not extravagant to say that he did as much by his practice and his writings for the amelioration of medical abuses and for the extension of homœopathy in the United States, as any other member of the profession in his time. He died in 1859, leaving behind him the memory of an unblemished manhood, the character of a good and efficient physician, and a train of works and labours worthily begun which must long survive and bless him. I earnestly commend his orphan boy, the sole inheritor of his name, to your care and kindness, when I too have followed our friend and colleague to the better land. You will not forget him!

Next in order came Dr. William Channing, a man of large culture in letters and very thoroughly educated in medicine. He was in the mid-prime of his life at the time of his conversion to homœopathy, which occurred in 1832, during the first appearance of the Asiatic cholera in this country. He had joined Gram's party in the county medical society for the establishment of the public and recorded examination of candidates, and having been elected in that body to the office of censor, with Gram and Wilson for colleagues, he was frequently in our little circle, and often, of course, the new practice was discussed with him. On the first outbreak of the cholera, Channing visited the hospitals and tendered his aid in prescribing for the victims of the epidemic. Seeing the ill-success of the ordinary expedients, he made a public trial of *camphor, veratrum and cuprum*, as prescribed by Hahnemann. He thought so well of the results that he published them over his signature in the *Commercial Advertiser* of that

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day, and soon after avowed his entire change of practice. Channing's was an eminently logical mind, attending with full earnestness to all topics of a philosophical character, till he arrived at definite conclusions, and when he reached these, he was firm and decided in their maintenance. He was not of the sceptical class on any topic. In politics, he was a republican of the Hamilton school; in religion, a Unitarian, with his cousin the great William Ellery Channing, of Boston; and in medicine, till his conversion to homœopathy, an adherent of the physiological system of Broussais.

With Channing's conversion, came also the first divergence in practice among the homœopathists in this country. He was a thorough Hahnemannian in all his views and practice, which neither of his predecessors was. Gram, Wilson, Hull, and myself held, from first to last, that those expedients of the old practice which had attained a solid basis of empirical certainty as to good results in given and well-defined cases of disease, ought not to be laid aside. The list of such expedients, when culled with due care from all the past annals of clinical medicine, and denuded of all the hypothetical adjuncts of the *soi-disant* Rationalists, was very small indeed, but valuable in our sight, and by no means to be abandoned, till they were surely replaced by the ever widening range of physiological provings. As examples of this class, I may cite the endermic use of mercury in some inveterate forms of syphilis, apocynum in ascites, and the letting of blood in a certain agonizing form of dyspnœa. Although we ever held it a duty to search the Materia Medica Pura for a similimum in each such case, in common with all others, yet in default of the purely scientific means, we held it an equally imperative duty to recur to the grand clinical annals of the profession in search of the best supported empirical means of relief. We agreed with the maxim

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given by Celsus, when he sums up in his first book the discussion between the old Greek parties, the Rationalists and the Empirics: "*A certis et exploratis petendum esse presidium.*"* Channing, on the other hand, held with Hahnemann and the vast majority of European homœopathists, that such recourse was in no case justifiable, and from first to last, was a Hahnemannian pure and simple. His organization indeed bore a very striking resemblance to that of the great founder in more points than one; and especially in the powerful development of the upper part of his forehead as compared with the lower, effecting a predominance of the reflective over the perceptive faculties. With Gram, both ranges were very full, but they were evenly balanced; Gram's head and bust were as strikingly Socratic as Channing's were Hahnemannian; and there was a corresponding difference in their mental and moral characteristics. At the time of Gram's arrival in this country, the founder of the school had not adopted his later and latest practice of attenuating the remedies; and our method in this respect, till 1833, was to administer doses equivalent to the first and second centesimal dilutions. With few and short exceptions (which I ever regretted,) we adhered to this usage, whilst Channing went up promptly with Hahnemann in his doses, fully believing in the potentizing process and faith of the master, and even after the death of Hahnemann, going out of the very roof of all scientific observation with the enthusiast, Jenichen of Hanover. Nevertheless, these differences (as to empirical means in some cases, and the doses in all) created not the slightest jar in the harmonious

* "*Quod si scientiam hanc non subjiceat evidens causa, multo minus eam subjicere, quae in dubio est. Cum igitur illa incerta, incomprehensibilis sit, a certis et exploratis petendum esse presidium, id est,* IIS, QUAE EXPERIENTIA IN IPSIS CURATIONIBUS DOCUERIT."—Golden Words of Duty!

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personal relations of our little circle, as an analogous state of things had done in Europe between Hahnemann and some of his earliest and ablest disciples.

Channing was in full practice when he came to us. He laboured strongly for the advancement of our truth in his practice and in society, although he wrote but little. His only publication was an address to an allopathic society; but that lecture, which was an argument in support of homœopathy, is a work of great power and of much merit in all ways. The society published it at the time, much to the credit of their liberality; and the members of our school, at my instance, republished it some ten years later. Channing failed in health in 1844, and after many dreary years of disease, marked by a sad decadence of his once grand mental powers, he paid the debt of nature in 1857.

About the time of Channing's coming over to homœopathy, namely, in 1832 and 1833, Dr. Jourdan, of Paris, translated the *Materia Medica Pura*, and Jahr's *Manual*, into the French language, and these works very soon made their way into this country. This event marks an important epoch in the extension of homœopathy the world over. Prior to it, no physician could test the practice, or study its principles, with any approach to success, without first making a fair conquest of the German language; and very few men in middle life, especially physicians engaged in the ceaseless cares and toils of their profession, could surmount this barrier. Hull, Curtis, and I had done so, at the instigation of Gram, and doubtless Channing would have accomplished this arduous task, had not the labours of Jourdan rendered it far less important.

This difficulty fully explains the slowness of the expansion of our system during the first eight years of its practical existence here in New York. Moreover, it readily suggests the reason why the early converts here did not press the subject on the attention of their medical

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brethren in their private intercourse. We enjoyed a wide circle of professional acquaintance, and had frequent meetings with them in the medical society, and in large private consultations during the two years we were agitating the educational reform, but with very few exceptions the topic nearest our hearts was treated of sparingly in all this intercourse. It was treated with still greater reticence among our patients, for the same reason; and it was wholly impossible, except among the few educated Germans then in New York, to speak of the new practice among the people generally, without incurring, however incorrectly, the odium of quackery. The propounder of a reform of any kind, which jostles the immemorial usages of society, should be very careful to note the time and conditions for this work; otherwise he may do more harm, even with a valuable truth, than other men do in striving to bolster up existing errors. The Iconoclasts probably retarded the progress of Luther's reformation, and certainly limited its political extension, by their rude assaults upon all images, pictures, relics, and statuary. When occasionally we were asked by medical men, who saw in the European journals the angry diatribes which now and then appeared against Hahnemann, whether we too were his disciples, we answered truly, "yes, and that for good reasons;" but we shunned debate with them, and avoided all explanations to the laity, as being alike useless and uncongenial to our tastes and sense of duty, under the circumstances. But we were not idle; we worked for the future in mutual education and preparation; and when the translations were effected into all the spoken languages of Europe, as they were in 1837 and 1838, we re-established our *Journal of Homœopathy*, and our distinct public homœopathic society. The hour of manly, open combat arrived at last; and it found us, after so many years of patient waiting, harnessed for the fight.

One of our ablest converts, during this early stage of

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the system, and the last, was Dr. Joseph T. Curtis, a bright classical scholar and a man of genius; a child of misfortune in many ways, but ever a thorough student and a thorough and most impressive gentleman. He was a private pupil of Gram, and, when he entered the profession, became his associate in the practice. Curtis produced a small treatise on the materia medica in 1841, which gave favourable indications as to his future usefulness; but his health broke up soon after, and his fate sadly disappointed us all. His practice was large and successful during the ten years in which he could work, and his personal influence with men of weight and character exerted a very strong bias in favour of homœopathy in all this community.

With the exodus of homœopathy from the German into the French, Italian, Spanish, and English languages, which occurred from 1838 to 1840, arose the epoch of its rapid extension. As soon as it was possible for the actual practitioner in non-Germanic countries to read the *Organon* and make use of the materia medica, which was fully effected by 1840, converts by hundreds in each of them flocked to the standard of Hahnemann. Infirmaries, societies, journals, and systematic efforts for the public teaching of his method sprang almost simultaneously into existence, in every state and kingdom of the civilized world. But I believe it nowhere exerted a wider or stronger scope of influence than it attained in this city, as early as 1840, the year of the re-appearance of our *Journal*, and of the publication of Jahr's *Manual* and other practical treatises by Dr. Hull.

Dr. Ticknor, Dr. George W. Cooke, Dr. Freeman, Dr. Taylor, Dr. Coxe, of Williamsburgh, Dr. Rosman, of Brooklyn, Dr. Joslin, Dr. Snow, must be named from among our departed, with profound respect and hearty affection, as coming into our ranks here, with all their experience and learning and moral and social influences,

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to give a new and potent impetus among us to the mild and beneficent reform which had so long waited for their brave and grateful co-operation. With varying acquirements and characters, ever diligent, honourable and faithful to duty, were they, each and all: let us cherish their memories and perpetuate the spheres of work they most worthily inaugurated!

Before the commencement of this second stage or epoch of homœopathy, the foundations were laid in Philadelphia for its permanent establishment and extension there by Dr. Hering and Dr. W. Wesselhoeft, two German converts recently arrived in the country.* In 1835, they obtained a charter from the State of Pennsylvania, and located a college and book establishment, near Bethlehem, for the instruction of students and allopathic practitioners in homœopathy; and they also published a journal of the system.† This liberal and in all respects truly republican enterprise was six or eight years ahead of its proper time, and failed on that account simply. Dr. Hering returned to Philadelphia and resumed the general practice in 1837, working with enormous activity and great effect for the extension of homœopathy. He is a learned naturalist as well as physician, and withal, as I estimate him, a man of genius and originality seldom surpassed in any age or country.

Our able and worthy colleague, Dr. Edward Bayard, studied with Dr. Hering. Dr. Hering has contributed, as you all know, largely to the materia medica, besides publishing an original book on domestic medicine, the only one of its kind known in our school. He was a

* Dr. William Wesselhoeft came as early as 1830. He was a scholar of note, and a professor in one of the large German Universities, before his adoption of homœopathy. He died two years since, in Boston.

† The *Organon*, revision of Stratton's translation, was published by the Academy, and several other standard books, in 1836–8.

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favourite with Hahnemann, and fully supported the old master's posology and methods of administration; although, like Channing, he never imitated Hahnemann's acerbity toward those who did not coincide in these respects with him. Liberal and genial and ever at work, may he long live to adorn his profession and bless his fellow-men.

Gram failed in health, completely, just as the new period began to dawn upon us. Broken in heart by the misfortunes, insanity and death of his only brother, upon whom he had lavished all the estate he brought with him from Europe, he was attacked by apoplexy in 1838, and after many months of suffering passed away in February, 1840. Wilson and I tenderly cared for him, and Curtis watched him as a faithful son would do a beloved father. He was an earnest Christian of the Swedenborgian faith, and a man of the most scrupulously pure and charitable life I have ever known. In the presence of want, sorrow, and disease, secluded from all observation of the world, he ministered with angelic patience and with divine earnestness. The squalid hovel of the sick poor was to Gram ever the most holy temple of religion; its atmosphere consecrated his whole soul to the strongest exertion of his many-sided wisdom, the most perfect and potent application of his painstaking art. His conscience was then all alive to heavenly inspiration. No darkness, or wintry storm, or failure of strength, or allurement of the world, detained Gram, when the suffering poor needed his healing presence. He believed in God; he worked and walked his earth-pilgrimage with his Redeemer. And yet, this good man and earnest believer was often called an infidel, sometimes even by thoughtless Christian ministers, because he abstained from the topic on all occasions, and with all people, except when he was called to the performance of his kind of religious worship.

About the period of Gram's decease, homœopathy began to be supported in various cities of this State, and very soon after, that is to say, from 1841 to 1844, it was also established in Boston, Providence, and Portland, in the

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East, and at New Orleans, Savannah, and Baltimore, in the South. In this State, Dr. I. M. Ward, was the pioneer in Albany, the late Dr. J. Bryan, in Troy, Dr. Henry D. Paine, now of Albany, in Newburgh, our deeply lamented associate and former Secretary, Dr. Geo. W. Cooke, at Hudson, the late Dr. Robert Rosman and Dr. P. P. Wells, at Brooklyn, and several others, of excellent character and attainments, in the smaller towns and villages. In the East, I cannot omit the names of Dr. Gregg, of Boston; of Dr. Okie, of Providence, and Dr. P. Clark, of Portland, each a worthy and energetic practitioner.

At Baltimore, Dr. A. Haynel, an original pupil of Hahnemann, and one of the early European converts, established the new method on a firm basis, as early as 1838. Two of my own pupils opened the practice, the one in New Orleans and the other in Savannah; both were very successful in their work; both have passed away, leaving strong and faithful characters, and earnest friends of homœopathy in their adopted cities.

Dr. G. M. Taft went to New Orleans, and Dr. James B. Gilbert to Savannah. Some of you had the pleasure of knowing these brave, diligent and well-educated men while they were pursuing their studies here among us, and you, with me, know how worthy they were to be standard-bearers of our method in new fields of practice.

DISPENSARY REPORTS.

THE WOOLWICH HOMŒOPATHIC DISPENSARY,
44, Wellington Street.

Medical Officer—W. Rowbotham, Esq., M.R.C.S.E., Rectory Place.

Dispenser—Mr. G. J. Morris, 44, Wellington Street.

Hon. Sec. and Treasurer—Rev. H. Crassweller, B.A., 1, Russell Terrace.

Report, 1862–3.

Patients admitted during the year	129
Cured	67
Relieved	47
No result	1
Died (Phthisis)	1
Still under treatment	13

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DISPENSARY REPORTS.

It is with very great regret that the attention of the Subscribers is directed to the increasing balance against the funds of the Dispensary. The simple explanation of the circumstance is that many of its friends have been removed from time to time to a distance, and that their place has been only partially supplied by others. We earnestly hope that special notice being directed to the fact, a liberal effort will be made by all who are interested in homœopathy, and concerned to relieve the sufferings of the poor, to liquidate a debt, which seriously cripples the usefulness of this benevolent institution.

The discussion lately held on homœopathy in the press confirms this hope. Whilst it justly claims a more liberal and public support from its friends, its merits may also be successfully determined through this, and kindred institutions, by all who are willing to put them to the test. No one is without an interest in the decision of this question, and experiment is surely the only basis on which such decision should rest.

HARRIS CRASSWELLER, B.A.,
Hon. Sec. and Treasurer.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers.

Consulting Physicians—Dr. DRYSDALE and Dr. WRIGHT.
Consulting Surgeon—JOHN MOORE, Esq., Napier-terrace, 51, Canning-street.
Physician—Dr. HAYWARD, Vernon-house, Mount Vernon-road.
Surgeons—THOMAS H. WILLANS, Esq., 82, Rodney-street;
E. L. HUDSON, Esq., 10, Bedford-street-south;
R. T. GEOGHEGAN, Esq., 3, Kenyon-terr., Claughton.
Honorary Dentist—H. C. QUINBY, Esq., 21, Rodney-street.
Non-Resident Stipendiary Physician—Dr. SIMMONS, 13, St. James's-road.
House Surgeon—F. J. TUCKER, Esq.
Chemists—THOMPSON & CAPPER, 43, Bold-street, 4, Lord-street, and 46, Pembroke-place, Liverpool, and 32, Hamilton-street, Birkenhead.

The number of patients prescribed for at this Institution during the month of June was as follows:—

Old patients	2178
New ,,	722
The number of old patients visited	222
The number of new patients visited	32
Total	3154

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DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c.
Evan Fraser, Esq., L.R.C.S. Edin.
Treasurer—John Skilbeck, Esq.
Honorary Secretary—John L. Seaton, Esq.
Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of May...	672
Paying 1s. 6d. per month	515
On Subscribers' recommendations	157
Discharged cured, &c.	84
Relieved	9
Ceased attending; result unknown	12
Still under treatment	256
Visited during the month	8
Number of patients attending during the month of June	522
Paying 1s. 6d. per month	381
On Subscribers' recommendations	141
Discharged cured, &c.	61
Relieved	12
Ceased attending; result unknown	28
Still under treatment	253
Visited during the month	18

BRIGHTON HOMŒOPATHIC DISPENSARY,

6, Prince Albert Street.

Medical Officer—Dr. Richard Hughes, L.R.C.P. & M.R.C.S.L.
Secretary—Captain Henry James, R.N.
Chemist—Mr. John Ockenden, 6, Prince Albert Street.

Number of patients prescribed for during the Quarter ending June, 1864, at the Dispensary, Prince Albert Street:—

April	950
May	994
June	990
	2934
Ditto at Branch Dispensary, Osborne Street, Cliftonville...	22
Total.....	2956

Number of patients	2956
Paying 1s. a month	823
Admitted on Subscriber's recommendation	276
Visited during the Quarter at their own homes...	883

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THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHY
THE SCIENCE OF THERAPEUTICS.

By Carroll Dunham, M.D.

(Continued from p. 467.)

III. How to Study the Science of Therapeutics.—The method of studying the two series of phenomena which, together with the law of relation, constitute the science of Therapeutics, follows from what has been said.

When first brought into the presence of a concrete case of disease, the business of the physician is to ascertain what branch of medical science he is called upon to exercise. Is the case one which requires Hygienic management or Therapeutic, or both, or is the patient beyond the reach of art? To answer these questions a diagnosis and prognosis must be made, and to make these a knowledge of the remote and proximate causes, and of the course and termination of diseases is required. In a word a knowledge of Physiology and Pathology is indispensable on the very threshold of medical practice and before any question of Therapeutics has arisen.

When these preliminary questions have been settled and the case has been found to come within the domain of Therapeutics, its phenomena are to be studied in such a way that *all deviations from a normal state* may be per-

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ceived as well as those which are *common* to a *number of similar* cases, as more particularly those which seem to be peculiar to the individual case in hand, and which therefore serve to give it individuality and to distinguish it from all other and similar cases. The case is to be then individualized as sharply as possible, and a complete picture of the morbid phenomena obtained in their natural groups and connections.

Now *morbid phenomena* are deviations from healthy *phenomena.* How can we recognize the *deviations* unless we are familiar with the *standard?* How can we appreciate *morbid phenomena* save through a knowledge of *Physiology* which is the science of *healthy phenomena?*

In like manner, we are able to get a complete picture of the morbid symptoms only by an orderly and methodical investigation; and such an investigation is possible to those alone who are familiar with the relations and sequences of morbid phenomena—that is to say with *Pathology.* A simple reference to practical experience will prove this. A patient complains of pain in her left hypochondrium, distress and faintness in the epigastrium, vertigo and various symptoms of dyspepsia, but never thinks of mentioning—pérhaps is unconscious of—certain evidences of uterine disease to which the attention of the physician is instantly directed through his knowledge of the connection and sequence of symptoms. So of the connection of certain forms of vomiting with disease of the brain or of the kidneys, etc., etc.

Clearly then Physiology and Pathology are quite indispensable to the physician, and they speak with little thought who affirm that these sciences are of no value to the Homœopathist and are disregarded by him. They are the sciences respectively of healthy and morbid phenomena. He cannot take the first step in the study of disease or of Materia Medica save by their aid. But, he

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restricts them to their legitimate function. Pathology is for him *not a guide in Therapeutics*, but an *instrument which he uses in studying those phenomena which are to be respectively the subject and the agents of his therapeutic operations.*

Having, by the aid of Pathology, arrived at a complete and comprehensive knowledge of the morbid phenomena, he passes on beyond the confines of that science to a higher and more complex science, whose domain is the *relation* of the phenomena of which he has thus acquired a knowledge, with *other* phenomena. Through Pathology he learns to *know* disease, but it is through Therapeutics alone that he can *cure* it! And it is quite time that it were well understood not only by the profession but also by the public, that to know the nature and course of a disease is not of necessity to know how to cure it! It may be a necessary preliminary step—but it is nothing more. Nor is this true of medicine alone. My carriage breaks down, I well know where it has broken and why and how, yet this knowledge does not involve the knowledge how to forge and weld the iron that has broken and so to mend it. For that I require knowledge of another sort. The nature of Pneumonia, of Cholera, or Rheumatism is as well known as those of any disease can be; "their Pathology," as Doctors say, "is well understood," yet this gives no clue to their therapeutic treatment—it is no guide to the special stimulus which must be brought to bear on the diseased organs to lead them back to healthy action. This stimulus must be discovered by quite another method; its discovery is the object of a distinct process.

Thus Pathology restricted to its proper sphere is an indispensable auxiliary to the study of the subject of Therapeutics. It may be further subservient in enabling the physician to group the symptoms of a case in such a

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way as more readily to marshal and retain them in memory. Nor is generalization of this kind at all repugnant to the letter or spirit of Hahnemann's method or of homœopathic science.

The generalization to which Hahnemann objected was that of disease in general upon nosological hypotheses made on theoretical grounds, and then applied *a priori* to individual cases. That to which we refer is a generalization made specially in each case, consisting of a grouping of connected symptoms under one general term and extending only to such pathological states as are well defined and constant, such, for example, as Anæmia, Plethora, the proportion between the affections of different parts of the nervous system, etc., under which we may group a number of *generic* symptoms to the great relief of our memory, while at the same time the individual or characteristic symptoms are not only not obscured by the process but are even brought more sharply into view, as will be evident when we consider the matter more at length under the head of the Study of the Materia Medica.

THE STUDY OF THE MATERIA MEDICA.—The method by which any subject may be most successfully studied must depend on the use which is to be made of the knowledge thus gained. It is proper then to enquire at the outset in what way the knowledge of Materia Medica is to be made subservient to the treatment of disease.

In accordance with the homœopathic law we select for the cure of each individual case of disease, that remedy of which the pathogenetic effects are *most similar* to the symptoms of the case. In the process of making this selection we must pass in mental review the various drugs which compose the Materia Medica, take a comprehensive view of the pure effects of each and institute a comparison between each in turn and the case for which we are prescribing. This is the theory of the process.

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Now it is evident that, in order to select from a number of candidates one which most nearly resembles a given standard, we must be familiar, not merely with the general properties of all the candidates or of certain classes into which they may be divided, but also with certain properties more or less peculiar to each one of the candidates, and which shall serve to distinguish each of them from all the others. In fact our method requires the strictest individualization of both disease and remedy. We are so to study Materia Medica as, above all, to bring into strong relief and fix firmly in memory those peculiarities of each drug which are not met with in any other, and which therefore serve to individualize and give *character to the drug* that produces them and which are called its "*characteristic symptoms.*" This term having been much and loosely used of late, it may not be unprofitable to devote a few words to the subject of characteristic symptoms.

By some writers the leading and most obvious and most frequently recurring symptoms are called characteristic.—Thus Bennett calls fever a characteristic of the Exanthemata. By others the pathognomonic symptoms of a class of diseases are called characteristic. By others the Pathologico-Anatomical.

Now the signification of such a word as characteristic is not absolute. It depends on the connection in which you please to use it and which is determined by the question "*Characteristic of what?*" In the instances just adduced, the varieties of symptoms cited may indeed be called characteristic but—characteristic of *what?* Of *classes* (the Exanthemata) of groups (nosological)—but not of *individuals.* But the only sense in which Homœopathists can use the term is in its application to *individuals.* Hence a characteristic symptom must mean one which is possessed by none other than the individual drug of which it is predicated, and to which therefore it *gives character* as an

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individual. In this sense it corresponds precisely to those features of a man by which his friends are enabled to distinguish him from other persons and to recognize him at a glance.

It is obvious that these characteristic symptoms so precious to the Therapeutist may seem to be of little or no pathological value—may even seem accidental to those who forget that there are no accidents in Nature. They would be valueless if we did not need to *individualize* but could be content with *grouping* our diseases and remedies.

To the Naturalist whose object it is to *group* his specimens, it is sufficient to know that John Doe has a vertebral column, is a mammal, has two hands and is a Caucasian—because this enables him at once to place John Doe in the variety Caucasian of the species man, and his analysis goes no farther. From this his whole physiological status follows. But these items of *general* knowledge would hardly enable the *sheriff* to recognize John Doe in Broadway. It is of no importance to the Naturalist that he has such "accidental" peculiarities as an aquiline nose, black eyes and hair, and a brown mole on the left ala nasi; but these very peculiarities are all important to the sheriff, for they give him the means of detecting the object of his search upon the crowded street. It must not be forgotten, however, that the points on which the Naturalist laid stress are equally important to the sheriff; for if the latter should bear in mind only the *individual* peculiarities of the object of his quest and should *forget* that he is a Caucasian, he might find the former in the person of an Indian or if he should forget that he is a bimanous creature, he might arrest a monkey!

To drop the figure, then, it is evident that we must seek to discover among the symptoms of every drug certain ones that are produced by no other drug, and which shall serve to distinguish it from all other drugs similar in other

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respects; that these symptoms will often be unimportant and trivial in a physiological point of view; furthermore, that we must, for convenience sake, when the number of drugs in our Materia Medica has become considerable, endeavour so to group them, on the basis of certain clearly defined symptoms or collections of symptoms, that for the purpose of preliminary examination and comparison, these groups may be regarded and compared as though they were individual drugs.

Let us suppose a case of uterine hæmorrhage. As many as forty drugs probably produce uterine hæmorrhage. On the basis of this symptom they form a group isolated from the three hundred and forty remaining drugs of the Materia Medica. We select this group from the Materia Medica and now we must select a remedy from the group. It were a tedious task to consider and compare them one by one. But we group them again; ten of them produce dark coloured and ten of them florid hæmorrhage, ten a limpid and ten a clotted discharge. Our case has a dark coloured discharge. Our choice is now restricted to ten drugs. But of the ten which produce a dark discharge only five produce simultaneously a congestive headache. Thus we are limited to five drugs. Thus far the distinctions on which our grouping has been based (or which have been characteristic of the *groups*) have had a pathological significance and importance. We can find no such basis for any further sub-division into groups. But we observe in the case a peculiar *subjective* symptom. The patient complains "as though a living body were moving through the abdomen." This may seem trivial. It is equally however a symptom produced by Crocus which is one of the five remedies to which our choice had been restricted, and it is produced by no other drug in the Materia Medica. It is, then, a *characteristic* symptom of Crocus, enabling us to *individualize* Crocus and to dis-

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tinguish it from all the other drugs which in many other respects agree with it.

It will be observed that dark coloured uterine hæmorrhage though produced by Crocus cannot be said to be characteristic of it. It is a characteristic symptom of a group to which Crocus belongs, but not of Crocus, for it is produced by the other members of this group as well as by Crocus.

Characteristic symptoms must of necessity be for the most part subjective and seemingly trivial phenomena. A list of them alone, if presented as the pathogenesis of a drug would be as meaningless and at first sight as ridiculous, as a list of the colours and marks, and angles and curves by which friends recognise each other would be if presented alone as the sum total of the properties of certain genera and species of the Animate Creation. As a background to the latter, there must be a series of phenomena capable of morphological and organic arrangement, and as the basis of the former we must have a series of objective and organic symptoms capable of physiological and pathological arrangement and of approximate explanation. But it must never be forgotten that *without* the *characteristics*, as we have described them, there can be no *individualization*, and without *this* there can be no *accurate homœopathic prescription*.

The truth of this is made apparent by a glance at the history of Homœopathy. Certain of Hahnemann's followers discarded the apparently trivial subjective phenomena from the provings of drugs, retaining only the objective, organic symptoms. They thus lost the means of distinguishing between the individual members of the groups of remedies. It was thenceforward useless for them to discriminate closely between individual cases of any one type of disease. Hence inevitably arose the fashion of prescribing a *specific* remedy for a disease—as

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the phrase went—putting the leading members of respective groups of drugs and diseases to represent the whole groups. These were the so-called "specifikers"—who had one or two remedies for dysentery, one for hooping cough, one or two for scarlatina, etc., "of whom the world is weary."

But the characteristic is not always a *definite symptom.* Sometimes it is so as in the case of Crocus and as in the peculiar diplopia of Stramonium. But sometimes it resides in a peculiar condition which attaches to some symptom common to two or more drugs. This condition may be of time, or circumstance, or concomitance. Thus if two drugs have the symptom "dry cough from tickling in the suprasternal fossa"—but to one is added the condition "occuring only in the evening"—this condition of time is the characteristic of that drug in so far as the dry cough is concerned—or if one have this condition of circumstance that "the cough is aggravated by inspiring cold air"—*this condition* is the characteristic—or if one have the *concomitant* that the cough is attended by retching—this condition of concomitance is the characteristic.

Sometimes the characteristic resides in the *conditions collectively.* We borrow examples from Dr. Drysdale's admirable Introduction to *The British Repertory:*

"Pain in the stomach with nausea occurs under twenty-eight medicines.

"Pain in the stomach in the morning under thirty-seven.

"Pain in the stomach with nausea in the morning under four only."

Or it may reside in a concomitant.

"Dry retching occurs under forty-five drugs.

"Dry retching in the morning under five.

"Dry retching with eructation under one only—Ledum."

Every drug-proving then is to be studied in a two-fold

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way. On the one hand, so as to enable us to attach it in our memory to certain groups of drugs to which it shows marked general resemblances; and on the other hand, so as to bring out clearly into view those characteristics which distinguish it from all the other drugs of these groups in particular and of the Materia Medica in general. Our study will be at once synthetic and analytic.

Such a study is of necessity *comparative* in its nature. Each positive step in the study of a drug involves a question of the correspondence or difference of other drugs in respect of that step. An isolated study of all the remedies would not give us an available knowledge of the Materia Medica. It is not enough to know that Pulsatilla, Nux vomica and Chamomilla each produce diarrhœa of a certain kind. We must also know and fix in our minds the similarities and differences of each of these diarrhœas to those of the two other and of all other drugs. The study of one drug is, in fact, then the study of the whole Materia Medica. One is never so competent to thoroughly master a proving as when he has already mastered all other provings. The first effort must necessarily be the least satisfactory, the most imperfect.

This is the task to which the student of Materia Medica is invited and at which his predecessors have been labouring for fifty years. Why, he may ask, has not this been wrought out and systematised by those who have gone before? Why is the Materia Medica left in the same state in which Hahnemann placed it fifty years ago?

Our Materia Medica consists of the provings of drugs upon the healthy, made by Hahnemann and his disciples. These provings, as we have them, are, for the most part, a formal arrangement of the symptoms subjective and objective observed by the prover or his friends. No attempt is made, with but few exceptions, to trace any pathological connection between symptoms, or to give any

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physiological explanations or to distinguish between characteristic and generic symptoms. The symptoms alone are given, just as the symptoms of a case of disease would be given by an intelligent but uninstructed patient who unfolds his case to us in as plain untechnical words as he can, leaving to us the task of tracing connections and contriving explanations. There they stand, records of facts made in the plain vernacular, intelligible so long as the language shall endure.

But Hahnemann had a much higher idea of the kind of knowledge of Materia Medica which a physician requires than this statement would imply. In an Essay on "The Power of Small Doses," in *Hufeland's Journal*, he describes this knowledge as follows: "What organs it (the drug) deranges functionally, what it modifies in other ways, what nerves it principally benumbs or excites, what alterations it effects in the circulation and digestive operations, how it affects the mind, how the disposition, what influence it exerts over some secretions, what modification the muscular fibre receives from it, how long its action lasts, and by what means it is rendered powerless, etc., etc." Why then did he not construct his Materia Medica on this model? Unquestionably because, with a wonderful sagacity which together with his brilliant genius and his prodigious learning made him the "double-headed prodigy," which Jean Paul Richter called him, Hahnemann clearly perceived the following truths: that the *positive facts* with which a physician has to deal in *constructing* a Materia Medica are the *observations* of the *prover* recorded in plain, unfigurative, non-hypothetical language. That the construction which he saw to be so desirable must be the result of the *application* of the sciences of *Physiology* and *Pathology* to these *facts*. That the facts of the proving being of the nature of *positive observation* are *enduring* and *unchangeable*. But that the *sciences* of *Physiology*

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and *Pathology*, being *incomplete* and *progressive*, are *continually undergoing change* and that their *terms* must therefore be ever *varying* in significance as the theories on which the sciences are based vary. That, consequently, a Materia Medica constructed by him out of these two elements, one constant and the other variable, would of necessity be transient—could not be enduring—would soon grow obsolete and in its decline would carry out of sight the constant element also, and thus the labour of the provers would soon be lost to the world. Such a structure would have involved an *intermingling* of the *current physiological theories* with the *facts* derived from *observation*. The precise point and extent of the intermingling would soon become undistinguishable and thus a vitiated record would be transmitted to posterity such as the advance of science would soon render useless. A comparison of the present state of Physiology with that of 1800, of which the very terms are almost obsolete, makes the great wisdom of this view apparent. On the other hand the pure records of observed facts, untainted by theoretical speculations, come to us from the Master's hand as pure, as intelligible, as available as when first recorded.

We have the same material for the construction of a physiological theory of the drug-action that Hahnemann had, and we can construct it with the advantage in our favour of the great advances which Physiology and Pathology have made since Hahnemann's day. This is the work which each of us must do for himself. No other can do it for him. The result of his labour may and will differ somewhat from that of every other student—for with the light of the auxiliary sciences he forms a judgment concerning observed facts—*and the significance of a fact is measured by the capacity of the observer.**

* Lest by an omission I expose myself to misconstruction, I may say that inasmuch as advances in collateral medical sciences are

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HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.

The student should seek his knowledge of Materia Medica at the fountain head, in the original publications of Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, in the provings in *Stapf's Archiv.* and in the Austrian and other journals.

The *Manuals*, however convenient for reference in the hurry of practice are not suitable for systematic study. In some of them, the phraseology of the prover has been altered. In others, the symptoms, as reported by the prover have been arbitrarily sundered into fragments and these fragments are scattered throughout the record. Or symptoms *ex usu in morbis* have been introduced and the names of diseases supposed to have been cured by the drug are incorporated with the pure symptoms. In all of them, the arrangement is somewhat altered. In many, attempts at abbreviation have been made; and with no better success than if one should squeeze one's lemons to lessen the bulk of one's luggage and yet hope to have good lemonade at the end of one's journey; for it always happens, and must from the nature of the case, that the *skins* are the part *retained* while the *juice* is thrown away.

If a Manual *must* be employed, that of Noack and Trinks seems preferable; for it preserves the phraseology of the prover and does not to any great extent sunder groups of symptoms, while it places under distinct headings the pure symptoms, and the clinical effects of the drugs and the theoretical speculations of the compilers, so that the student is in no danger of mistaking the one for the other, a danger to which *Jahr's Manual* does certainly expose him, and for which reason Jahr's work is less desirable than that of Noack and Trinks.

We have dwelt at some length on the sources from

affording continually new aids to observation, it is incumbent on each generation to reprove to a certain extent the remedies of the Materia Medica so as to bring these aids to bear on the study of Pathogenesy.

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which the student should seek his knowledge of Materia Medica—and with good reason! "For can a bitter fountain send forth sweet waters?" "Do grapes grow on thorns, or figs on thistles?" If the student should fall among false or incompetent teachers, could the doctrine and practice he learns be true and successful? Now it will be observed that the records of provings and the Manuals of Materia Medica to which we have commended the student are all German works, while nine-tenths of our American and English practitioners and students are unacquainted with the German language. It is humiliating to us to be compelled to say that there are no trustworthy manuals in the English language and no translations of the German works which we have named on which reliance can be placed. We have translations of *Hahnemann's Materia Medica* and *Chronic Diseases* and of *Stapf's Contributions to the Materia Medica,* by Dr. Hempel. But either (perhaps we should say *both*) from lack of moral capacity or of intellectual and professional acquirements, or from haste and carelessness, the translator has so marred these works by errors of omission and of translation that they are to the student and practitioner what false lights on a difficult coast are to the unsuspecting mariner.

Dr. Hempel translated also *Jahr's New Manual* or *Symptomen Codex,* and claims to have incorporated with it nearly all that is valuable in the Manual of Noack and Trinks, thus making it the most complete and perfect work of the kind in existence, and the best possible in the present state of our science. This translation was published with a preface by Dr. C. Hering and under the high sanction of his name and that of Dr. Gray, of New York. It is almost universally used in this country and in England, and the knowledge of the Materia Medica and of the true practice of Homœopathy possessed by the

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rising generation of practitioners is, in the main, what this manual is capable of affording.

If now, I should say that this translation and compilation contains all the errors, omissions and perversions which render Dr. Hempel's former translations untrustworthy, along with many others peculiar to this work, I should surely hear in reply that Dr. Hering has expressly in his preface commended the diligence and accuracy and zeal of the translator, and I should be referred to page 6 of the preface (*Jahr's New Manual* or *Symptomen Codex*, pref. vi.) where Dr. Hering is made to say, "the Editor has, with *extraordinary minuteness and labour*, compared the two manuals and has transferred to the manual of Jahr all additional drugs and pathogenetic effects contained in Noack and Trinks' work." What could I say in offset to this endorsement by Dr. Hering? There is a word to say on the subject of this preface. It was unquestionably written originally by Dr. Hering in German. The English translation, by whomsoever made, seems not to have been altogether satisfactory to Dr. Hering (as well it might not be), for the German original was published by him ("a *verbatim* copy" as he says) in *The Hom. Allg. Zeitung*, Vol. XL., Nos. 23 and 24, February and March, 1851. The English preface to *Jahr's New Manual* differs from this German original far more widely than the licence of scholarship will at all justify. In a foot-note to the original of the passage we have quoted above in commendation of the Editor and translator of *Jahr's New Manual*, Dr. Hering says (*Allg. Hom. Zeitung*), "After comparison of the translation with the original, the above endorsement is hereby altogether and completely withdrawn."* Thus, in an obscure foot-note in a German periodical, seen by not more than one

* Dies wird hiermit nach Vergleichung der Uebersetzung mit dem Original ganz und gar zurückgenommen.

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in a hundred of those American and English students who are induced by Dr. Hering's commendatory preface to place confidence in Dr. Hempel's translations and compilations, Dr. Hering vindicates his fame as a good scholar and a faithful champion of our science by withdrawing his commendation of Dr. Hempel.

If those whose confidence has been misplaced by reason of this endorsement in English, cancelled in German only, should, with a measure of just indignation, demand of me why the retraction was not made in the language and in the country in which the commendation was suffered to be published—why Drs. Hering and Gray, acknowledged leaders of our school in America, did not suppress this so-called translation or expose its false pretensions, in words as intelligible and as widely read as those in which their support of it was permitted—Alas! I have nothing to say.

To plead that, in a matter which involves the education or perversion of a whole generation and the healthy progress and soundness of Homœopathy wherever the English language is spoken, in such a matter the engrossments of business or tenderness towards a delinquent individual kept them silent, would be to cast a doubt upon the estimate in which they hold scientific truth, a doubt inadmissible in gentlemen of their position.

It avails not to say, why find fault with these translations and this manual, inasmuch as we have no others. Had the unworthiness of these been made known, had they not, on the contrary, been endorsed by high authority, we had long since had others and trustworthy. An exposure of the imperfections we have spoken of would have created a demand for other works, and it is not less true in science than in trade that "demand creates a supply."

Having selected a remedy on which to commence his studies, the student should gather together all the reports of provers whether in the form of their daily records, in

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which form our dear and lamented colleague Dr. Joslin published his admirable proving of Rumex crispus as did also the Austrian provers, or in the Hahnemannian anatomical scheme and should carefully peruse them. We will assume that he has selected Pulsatilla and will use this remedy to illustrate what we have further to say. We have no other proving of this drug than the very perfect one of Hahnemann in Vol. I. of *Mat. Med. Pura.*

During the first perusal, and several may be necessary for the purpose, the student should endeavour to make a *general* analysis of the proving. This analysis would enable him to place the drug along with several others in one or other of certain groups into which he will find as he advances in his studies the Materia Medica arranges itself. Among the chief points of this general analysis will be the following:

I. *Sphere of action in the drug.* It will be seen that every drug affects some organs or systems of organs or tissues more decidedly than others. Pulsatilla, for example, acts pre-eminently upon the vegetative system, upon the organs of reproduction and their appendages and upon the composition of the blood, depressing the action of the former systems and producing in the latter a condition similar to that of one form of chlorosis. We learn these facts by bringing a knowledge of Physiology to bear upon and interpret the symptoms of the intestinal tract and of the urino-genital organs—those of the vascular system and the symptoms of the head and disposition. For in these we have retarded digestion, vertigo, audible pulsation of the carotids, momentary loss of sight and hearing on sudden exertion, palpitation, paleness, retarded and scanty menstruation with syncope and exhaustion; depressed melancholic disposition. On the other hand, the student will notice that Pulsatilla exerts but little action upon the

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bones, skin and glands, and this will be another important step towards grouping.

II. *The extent to which the organic substance is affected.* From some provings it must be gathered, Spigelia for example, that the organic substance is but slightly affected or only in isolated localities—while in other provings the effect is profound and general; Carbo. veg. and Lachesis. In others again, the affection of the organic substance and the irritation of the nervous system are equal in degree and both are great, Arsenicum. Conclusions on this head are drawn from the following symptoms: those of the complexion and of the skin generally, as regards colour and temperature, which enlighten us respecting congestions, if there be any, and of the colour and character of the congesting fluid. Those of the evacuations from the bowels, bladder, uterus and all secreting glands and surfaces. Those of the cutaneous eruptions and ulcers. Finally, those which denote the existence of dyscrasias of whatever variety, *e.g.*, dropsies, phthisis, cancer, gout, rheumatism, etc. Under this head we find in the proving of Pulsatilla no evidence of any further action than that above mentioned—a hydræmic dyscrasia and which is further corroborated by the abundant serous or thin mucous discharges from secreting glands and surfaces.

III. *The action of the drug on the vital power*, correlative of the above, and shown in the symptoms of the nervous system as they are given conjointly with the symptoms of the various organs to which the different parts of the nervous system are distributed. He may consider the nervous system under five heads. *a.* The *sensorium* of which the symptoms are found chiefly under the rubrics Head and Disposition. *b.* The *general sensibility*. *c.* The *general mobility*. Data respecting these heads are found in the symptoms of the tissues to which the nerves of sense and motion are distributed. *d.* The

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special sensibility, as exhibited in the symptoms of the organs of *special sense*—the eye, ear, nose and tongue. *e. The sympathetic system*—as exhibited in the symptoms of organs containing involuntary muscles—in the intestinal tract and in all the sphincters.

In forming conclusions on any one of these points, regard must be had to the entire remaining action of the drug. We should otherwise reach a very false judgment. Pulsatilla, for example, produces blindness and deafness. We might regard these as very important affections of the special senses, did we not learn also that these phenomena occur simultaneously with scanty and difficult menstruation, and with palpitation and throbbing of the carotids, and conjointly with great pallor and frequent syncope. These concurrences compel us to regard the blindness and deafness as sympathetic symptoms occurring in a chlorotic patient, and connected perhaps with a hydræmia produced by Pulsatilla.

These three sections of a general analysis having been elaborated during a first perusal, the student will already be in a position to arrange many drugs in groups by their similarities and differences in these respects. He will note, for example, that in their *sphere* of action Pulsatilla and Nux v. are closely allied, while again they differ widely in their *mode* of action both on the organic substance and on the vital power, etc.

The practical use of such an analysis is this: that when such fundamental facts are known of two or more drugs, it is enough to have clearly in mind, in any case of disease, what are the effects of the disease in these three fundamental respects. If then, the action, for example, on the organic substance, be similar to what we have seen to be the effect of Pulsatilla, there can be no possibility of Nux vom. being applicable in the case and no need therefore of studying that drug further for the case. This process of elimination

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by means of a general analysis may be relied on wherever we have good and complete provings of drugs, and where the case of disease presents clear and definite symptoms.—When we are dealing with fragmentary proving and obscure cases it is of course not practicable.

As further examples we may adduce the following: Spig. and Sil. both affect the special senses remarkably and similarly; yet they are extremely different in their action on the organic substance. Hyoscyamus and Carbo veg. affect the sphincters similarly though in other respects so unlike.

After thus generalizing in a comprehensive way, the student will observe certain phenomena of a more special character, for example, that among the variety of sensations recorded as having been produced by the drug, there is a certain uniformity in general character throughout most of the organs affected. But here he meets difficulties arising from inaccuracy of provers, or rather from the fact that, all descriptions of *sensations* being clothed in figurative language, the imaginations of different provers suggest to them different modes of expression. The wealth of the German language in synonyms has not diminished this difficulty. An approximate analysis of sensations such as has been made by Dr. Dudgeon would be of service in this regard. The individuality of some drugs is much more strongly marked than that of others by this feature of their effects, and *pro tanto* it serves as their characteristic. Thus Bryonia and Squilla are distinguished by *sticking* and Ars. by *burning pains*.

Another point to be noted and which may serve still further to individualize the drug is periodicity, which in many drugs is well marked and of a definite type, *e.g.*, Ars., Ipecac., Nat. mur., Nux vom. In Pulsatilla it is very marked but the type is not constant.

But, perhaps, the most important of all the considera-

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tions in which resides the individuality of a drug are the conditions and concomitants of the symptoms. The conditions are the phenomena of time, place and circumstance on which the symptoms depend. For example, Pulsatilla produces tearing pain in the hip. So do several drugs, but that of Pulsatilla occurs in the *afternoon*, condition of time; it occurs and is aggravated in a warm room, condition of place; occurs during and is aggravated by repose, condition of circumstance. A concurrence of this phenomenon and these conditions is found only under Puls. Here these conditions are the *characteristic*. The concomitants are those phenomena, whether we call them sympathetic or secondary, which always accompany any symptom or group of symptoms. Absence of thirst is a concomitant of many groups of symptoms under Puls. So likewise are chilliness, cold feet, wakefulness in the evening and sleepiness in the morning, etc., Nux vom. has the reverse. So is cold sweat of the forehead under Verat.

(*To be continued.*)

A FEW REMARKS ON THE USES AND EFFECTS OF ALCOHOL.

By Dr. Blundell, Tunbridge Wells.

We are all very much indebted to Mr. Pope for his recent able and suggestive paper on *The Physiological and Therapeutic Effects of Alcohol*. There is no subject of more importance just now than this, inasmuch as earnest endeavours have been and are still going forward in the profession to place this vital question on a practical as well as scientific basis. But there is work to be done to establish anything approaching a profitable theory of the effects of alcohol on the human frame. The recent experiments and researches, so far as they have gone, serve more especially to show the difficulties that lie in the path of inquiry.

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They are, however, such as have never been put into practice before, and they bid fair not only to benefit medical science, and through it the whole human race, but aid in the most desirable way the great and increasing cause of temperance. Your readers will find these points learnedly treated in Mr. Pope's paper in the 16th number of the *Annals of the British Homœopathic Society;* and my object is, at least on the present occasion, to go simply into the practical bearing of the question from a *national* point of view.

The want of *moral* courage in the Medical as well as the Military Staff of India, has furnished us with an example during the past two months. In the *Times of India* of the beginning of July, we have at length the long hoped for general order of the Commander-in-Chief, Sir Hugh Rose, though limiting the allowance of rum to the troops to *one* dram a-day. For the future, except on special occasions and conditions, *one* dram is to rule the roost. But what is the most surprising part of the matter —and one which claims the character of novelty, at least— we are told that *two* drams a-day are something very fearful indeed, whilst *one* dram goes for nothing or next to nothing. The "order," however, states the conditions on which *two* drams will be allowed; such as, "when a regiment takes the field" (for a little Dutch courage, we presume), "during the prevalence of epidemics," or "in special individual cases, when sanctioned by the medical officers." The Commander-in-Chief declares his conviction of the harm done to soldiers by stimulants, particularly young and hitherto sober soldiers; and that the manly games now provided by the Government afford no excuse for "totting." Half-measure as this is, and suggestive as it may be of the trammels and dreads of official life, which even a Commander-in-Chief cannot escape, it adds yet another leaf to the wreath this great soldier has

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so nobly earned. But what have we on the authority of the Medical Officers of India? Simply, that it is prejudicial to the health of the soldier, especially in a tropical climate, to drink daily *two* drams of spirits. That this constant consumption of ardent spirits "weakens gradually the organs of life, affects the head, excites the senses, and paves the way to crime." The Press ridicules the *two* drams being so bad and the *one* harmless; and with reason. Undoubtedly the *two* drams "lead to crime," "weaken the organs of life," and the like, because the soldier does not stop at the *two* drams, but the *two* lead to *three*, and the three lead to *six*, and so on *ad vinolentiam*. Do the surgeons believe that *two* drams will do all this, while *one* dram may safely be allowed? The thing is absurd. It is, moreover, an insult to the good sense and feeling of the private soldier, bad as the system may have made him. We join with the Press of India in saying, "away with the other dram," and abolish that blight upon the British Army, the "Canteen," for ever. Not only in India, but wherever our troops may be stationed, let the "Canteen," as a vile demoraliser of the soldier, be arrested in its career. Away with it; and above all things, away with the unreal mockery of such a "general order" as this; miserable subterfuge of fear on the one side, unworthy of our profession, and subservience to old military prejudice on the other. Or is this, after all, mere obsequiousness to Sir Hugh, accused as he has been of unavowed yet secret partiality for *homœopathy*, in order to favour his predilection for the *small dose?* Truly here is a problem for the investigators of the merits of alcohol, put forth by our Indian medical sages—those bitter opponents, too, of the law of Hahnemann. Well indeed is it styled, in the language and meaning of the Indian Press, the *one dram absurdity*.

The idea forces itself upon us, when we read of these

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proceedings in India, that the question of *alcohol* is one beset with nice *geographical* distinctions besides those of *race* and *time*, demanding a very wide circle of evidence. If *two* drams of rum *per diem* undermine and destroy the vital functions of Europeans in India, what is the condition of thousands in Australia who for years take double, treble and quadruple that quantity as an ordinary rule? In the latter country, when a man reaches a bottle a-day, his end is approaching. It may be so, also, among those who drink intemperately, or even temperately, in other warm countries. But, by a bottle a-day, we should understand that the individual is carrying out a particular and perhaps to him more agreeable form of the "happy dispatch,"—he is, in fact, drinking himself to death! Like the Japanese he is self-sentenced, has taken leave of his friends, and is become the victim and executioner in one.

Scientific investigation has already given birth to the theory that the first effect of alcohol on the human frame is to seize upon and appropriate the free oxygen contained therein, or at least a portion of it. So far as the sensual state of the body under its influence is concerned, the *first* effect is a stimulating and reviving action, the *second* a depressing influence. It is owing to the latter conditions that drunkenness may so commonly proceed from the *direct* use of "spirits," as they are called; because, when the depressing influence is beginning to be felt, or even at its commencement, the person taking alcohol seeks to repeat the *first* effect—the pleasurable sensation which so speedily vanishes. Organic chemistry is the source of these conditions, and to it they must be referred. The repetition of the dose increases the power and duration of both effects, but the latter in well-known disproportion. Some investigators of eminence consider it questionable if alcohol is an arrester of "metamorphosis of tissue," or "checks the increased activity of the vital changes" in

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disease; and while they do this we are to infer that the oxygen theory before-mentioned has no strong holding-ground. In health—it is the opinion of Mr. Pope and others—it causes abnormal waste of nervous tissue, and thus it is it may be used on the "principle of a homœopathic remedy," in the exhaustion following an excessive expenditure of nerve force, "removing it more rapidly than rest or food will do." "A man," says Mr. Pope, "cannot be primed for work by brandy, but he may be freed in a very great degree from its cost to himself by subsequently taking it."

Now, with a very sincere appreciation of the researches of these gentlemen, it is evident that the truth of the matter is yet practically remote. If the *oxygen* theory and that of the arrest of *waste* in the body are dubious, surely we should pause before we admit that in "excessive expenditure of nervous force" alcohol "removes it more rapidly than rest or food will do." If taken "before an effort," Mr. Pope says, "it will tend rather to increase" the fatigue of the effort. But this would give somewhat, at least, of the character of *food* to alcohol, whilst, on the contrary, the common evidence of travellers and others is against its being equal to small quantities of food. Small quantities of the latter, if there be life remaining in the digestive organs, are never depressing but gradual in their renovating power; whilst even alcohol is powerless to act without an existing amount of organic life. This is a fact not to be set aside even by the suggestion that alcohol permeates the system *without being decomposed*, and may be distilled, as it has been, from the brains of persons dying suddenly from its effects.

It remains also to be shewn from these experiments what are the differences, if any, between the *secondary* effects of alcohol on the diseased and on the healthy person. It is especially with regard to the former that these ex-

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periments have excited the attention of medical men. The Brunonian theories ultimately led to the death of their author. Men mistook the "whipping-up" system for the eduction of a natural and latent vigour, till the error was made sadly manifest by the light of successive catastrophes. To make it appear that alcohol is really serviceable to the sick, and that it is an undoubted means of saving life, it would be necessary to shew that in their case at least it developes more of the *primary* than the *secondary* effects. If it have even an equal share of the latter, it surely would prove a questionable means to an end. The commonly accepted rules for its exhibition are, first, in proportion to the quantity of stimulus the individual has been accustomed to, and, secondly, that when we once begin with stimulus we must keep on with it. We know very well that in the cases furnished during the lifetime of Dr. Todd there was apparent success and most decided failure. We say apparent success, because we still need something like proof that in nine cases out of ten, or one case out of nine, the alcohol actually causes a *renewal* of life. We know, too, that scarcely one in a hundred persons, on a fair average of population, passes out of the world without having alcohol in some form or other administered in the direct hope and purpose of its reviving, giving strength, or sustaining the powers of life. Does it sustain the powers of life?—that is the vital question. Is what we observe in the *first* effect of alcohol a sign that the powers of life are sustained by it? If it be not, and the patient have to bear the *secondary* effect in addition to his disease, we may be accelerating in reality his downward progress with it: we may be putting out his lamp of life under the delusion springing from the *first* effect. Time may yet shew graver objections to alcohol for the sick than for the healthy. In the latter instance the testimony has never failed us; but we have as yet failed to watch for and apply

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the same testimony in the case of the sick and dying. The progress of medical science is now so rapid that we are fairly in the track of these long-desired discoveries, and it may yet be found that alcohol, as a disturber of electrical action, or through some such means, merely produces some momentary psychological effects. We may ask whether the renewal of these also is not the source of the repeated potations of the self-indulgent, though the bodily functions pay a subsequent penalty? Against this penalty on the morrow the alcohol is kept in requisition, until, as we know well, the bodily functions sink one by one, and death is the final result.

In conclusion, I trust these brief remarks, hardly worthy as they are of the subject, will be followed by those of many of our school who may worthily devote their attention to it. We have every reason to embrace the opinion Mr. Pope has put forward, that alcohol may be used as a homœopathic remedy. I cannot, however, go so far with him as to sanction its use to remove (though it appears to do so *more* rapidly) the cost of mental and bodily labour. On the contrary, I believe it to interfere with the healthy though gradual repair following these conditions, and, by adding itself, which has to be dealt with and disposed of by the frame, it does not yield a process tending to the maintenance of healthy life.

Nature is prepared for emergencies: and we should be careful how we thwart her plans. What can be more providential than the fainting after great loss of blood, in order to arrest that loss? We need, in fact, careful observation of the extent, duration, and comparative (as to the healthy) qualities of the *secondary* effects of alcohol on the sick. My opinion is, so far as experience goes, that the exhaustion of functional power is more to be dreaded from these *secondary* effects than any real good (that patience would not have secured) to be anticipated from the *primary*.

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CROUP—TRACHEOTOMY—DEATH.

By Dr. Moore.

J. W. C., a stout, healthy boy, aged 8 years, was taken with symptoms of common cold. Two or three days afterwards, the skin became hot and dry, the cough hoarse, the breathing quickened and somewhat wheezy, and the face flushed. The parents gave a few doses of *acon.*, and, notwithstanding the peculiar hoarseness of the cough, which ought always to excite suspicion, did not apprehend that anything serious was going on.

On July 21st the child was much worse, and I was sent for in the evening. The symptoms were unmistakeably those of true croup: rough, brassy ringing cough; difficult, sonorous breathing, attended by a to-and-fro flapping in the trachea; quick, full pulse; distressed countenance; restlessness, &c. One grain of *tartar emetic* was dissolved in a teacupful of water, and a teaspoonful of the solution ordered to be given every hour.

On the 22nd, all the previous symptoms were aggravated; the breathing was more obstructed and laboured, and the restlessness and tossing about greater. The medicine had passed off by the bowels, and thus its systemic action was lost. *Hepar sulphur.* was now given. At night, the symptoms had undergone little or no alteration either for better or worse.

On the 23rd, the child was found dying of suffocation. During the night it had become rapidly worse, and had fallen into an insensible state. The pulse was almost imperceptible; the pupils fixed and insensible; the breathing heavy and most laborious; the lips livid, and the skin cold and dusky; in short, it was evident that the child was all but dead, rather from asphyxia than from croup, and that the case had passed from the domain of medicine into that of surgery. I explained to the parents that the only chance of prolonging, and perhaps of saving the

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child's life, consisted in the speedy performance of tracheotomy. Having obtained their assent to this measure, an hour was lost in procuring the necessary instruments and assistance. Mr. Atherton agreed with me as to the urgent necessity of operating, and he accordingly proceeded to open the trachea with considerable neatness and deliberation. The bleeding was trivial, and the child was quite motionless throughout. At the moment of opening the trachea, some blood was sucked in, and with a gurgling noise respiration ceased. A double canula was inserted immediately after the incision into the trachea; for some time artificial respiration was carried on by manipulating the arms and chest; and presently the child began to re-breathe slowly and gaspingly. On the complete establishment of natural respiration, a quantity of bloody fluid, and some membranous shreds, were ejected with spasmodic force. The change was wonderful. The pulse, warmth and natural colour gradually returned, the child woke up and recognised those around, and it breathed calmly and easily.

Mr. Atherton waited several hours, taking care to increase the temperature and moisture of the air which the child had to breathe. Eight hours after the operation, when I again visited the case, matters appeared to be highly promising. The child had slept, and taken a little milk; it breathed easily, and without difficulty. We particularly observed that, although the respiration was accelerated, yet the lungs were working well, and no râles were heard on auscultation. The reaction ran high—skin hot; pulse quick and full. The nurse was instructed to give *acon.* frequently, and to clean out the tube with a feather as often as might be necessary.

On the morning of the 24th, a messenger came to say that the child died at 4 o'clock—sixteen hours after the operation. Taking into account the favourable condition

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in which the child was when last seen, I inferred that death had taken place from some cause not necessarily connected with the disease or the operation, and I ventured to suggest to Mr. Atherton that when we came to make an examination, a clot would be found in the heart.

The following appearances were seen at the *post mortem*:—Wound healthy; some frothy mucus on it. Trachea *above* the wound free from the faintest vascular injection, and merely dotted here and there with little bits of soft false membrane. Glottis and ventricles covered with membrane, not very adherent and soft; no vascularity. The entire surface of trachea *below* wound notably injected—an appearance which extended downwards to the bronchi, and to their larger divisions. Here also was found a ribbon of false membrane, loose and detached from the mucous surface, extending from just below the wound downwards to the bifurcation, where it forked into two limbs, each of which gave off smaller branchings, which were seen to enter the smaller tubes. A few vigorous coughs might have expelled this membrane. Saving the appearances of hypostatic congestion, the lungs were quite healthy. The pericardial sac was accidentally opened into, and a quantity of serum, estimated at about an ounce, escaped. A large fibrinous clot was found in the right ventricle and extending somewhat into the corresponding auricle. This clot was of the diameter of a crown-piece, and about six times thicker; it was firm, tough, and pale-yellowish. From its size it must have interfered most seriously with the heart's action. The endocardium covering the aortic valves was slightly stained red.

I think that the symptoms and *post mortem* appearances of this case concur to show—

1st. That the disease was originally limited to the larynx and upper portion of the trachea; and, therefore, that an

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opening below the seat of obstruction, and presumably of spasm also, was justifiable as the only means of supplying that from the want of which the child was evidently dying, viz., air.

2nd. That the original inflammation of the mucous membrane had terminated in resolution, and that recovery would have taken place, had the operation been rendered unnecessary, by the previous spontaneous expulsion of the false membrane. The non-vascularity and general healthy condition of the parts first affected, upon which circumstance this inference is based, has been observed, although rarely, by Rilliet and Barthez, and also by Albers, the latter of whom accounts for the aforesaid condition by supposing that resolution takes place after the detachment of the albuminous membrane.

3rd. That the inflammation, with its peculiar product, observed below the artificial opening, was excited by the operation or by the irritation of the canula; and that the false membrane, although sufficient to embarrass respiration, was not abundant enough to asphyxiate.

4th. That death was *immediately* due to stoppage of the heart's action, brought about by the clot in the right ventricle; in other words, that death began at the heart rather than at the lungs.

It frequently happens, as it happened in this case, that the patient rallies after the operation and appears to be doing well; but after a few hours, or within two or three days, dies, without any indications of local mischief or exhaustion. In all such cases the heart should be examined, especially if death be preceded by sudden failure of the pulse and collapse.

Professional opinion in this country, formerly averse to the performance of tracheotomy in croup, is of late strongly in favour of that proceeding. For instance, Dr. Aitken, in his excellent work on *The Science and Practice of*

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Medicine, says: "I know that in a wild country district of Scotland where croup was very common and fatal, the late Dr. Cruikshank saved eight out of eleven cases during two years." Again, in two pamphlets recently published by Mr. Spence of Edinburgh, that able surgeon states that he has operated 54 times on children suffering from croup and diphtheritic group, with 19 recoveries, or rather more than 1 in 3. Many of these cases were *in extremis*. In that more dangerous form of the disease, diphtheritic croup, 7 recovered out of 18. These facts are highly encouraging, and show that no child should be allowed to die of croup unhelped by surgery.

Until recently, the French have been able to show more favourable results than the English—thus Trousseau saved 1 in 4; and this superiority has been ascribed to the circumstance that they operate early in the disease, and do not, like the English, delay until asphyxia is near at hand. Mr. Spence, however, whose success is 11 per cent. greater, objects to the operation until the symptoms of laryngeal or tracheal obstruction imperatively call for surgical interference. Unlike Mr. Henry Smith of London, he deprecates rapidity of execution in operating.

BRIEF REMARKS ON CASES OF DISEASE.

By J. H. Nankivell, M.R.C.S., Penzance.

Epilepsy.

This deeply interesting disease has hitherto for the most part been found incurable, and although the pitiable subjects of it may for months be free from an attack, it is well known that they are ever, so to speak, dwelling within a zone of earthquakes, and their whole organism may at any time be shaken to its centre. Any rational treatment which affords hope of palliation in this grievous malady

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is worthy of being recorded, and I therefore publish the following case, at the same time acknowledging that I do not pretend to have *radically* cured this or any of the cases of epilepsy which have come before me.

Eliza Johns, married, aged 25, the mother of one child, has for several years been subject to epileptic fits; they attack her very suddenly, and she has more than once during the convulsion bitten her tongue severely. Early in July 1863, she had three fits in rapid succession—for several days she had suffered from toothache, and this probably was the exciting cause of the attacks—I gave *chamomilla* 3, because according to Hahnemann it seems to moderate excessive sensitiveness to pain, or the disturbing influence which pain exercises on the (brain) mind. The patient moreover was choleric, and had some taint of the hysterical temperament also. The effects of *chamomilla* on toothache, convulsions, muscular twitchings of the limbs and head are learned in our pathogenesy as well as in practice. This medicine was therefore given from the 2nd to 6th of July, on which day she was pretty well except that she slept heavily and felt as if she could dose all day long; for this state of things *opium* 3 was prescribed, as it was evident that the soporific condition which succeeds an attack of epilepsy was unusually protracted, and because this drug produces "drowsiness, great inclination to sleep; falls asleep suddenly; sopor, stupor; sleep with consciousness," &c., &c. On the 9th the patient was relieved of this sleepiness, but complained of a dizziness in the head—*belladonna* has "the highest degree of stupor; sense as of reeling in the head while sitting, resembling vertigo; cloudiness and dulness of the head," &c.—moreover it is a medicine which as Bonninghausen says is in close relation with *opium*, and so whether the dizziness complained of were purely the effect of disease or to a certain extent caused by the *opium*,

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BRIEF REMARKS ON CASES OF DISEASE.

belladonna would be one of the best antidotes to such a symptom. ("Die verwandten arzneimittel sind gegenseitig antidote.—Die verwandten mittel, nach einander gereicht, wirken erfahsungsmässig weit heilkräftigen als nichtverwandte"). 13th. A little better, but still feels dizziness at times—frequently has a "qualm" (qualm, vapour, smoke, Ger.) which comes down over the eyes causing her to drop the head on the chest, after which there is a flushing of the face—*belladonna* gives "cloudiness of the forepart of the head, as if a pressing *fog* were moving to and fro, especially below the frontal bone; early in the morning headache as if something were descending in the forehead from above the eyebrows, by which the opening of the eyes is prevented, uncommon redness of the face; a kind of pressure as from a *fog* is felt in the right orbit, it then is felt in the forehead, then again in the orbit; obscuration of sight, as if fog were before the eyes." Patient continued the *bell.* to the 20th when the dizziness, qualm, &c., had disappeared. She then had *sulph.* 1 for a few days and recovered without any impairment of memory. On enquiry I find that for twelve months last past there has been no fit and the health has been good. I am not so sanguine as to expect that at no period of life there will be a relapse, but in these cases one always fondly hopes the best.

Epileptiform attack from Fright.

July 6th, 1863.—Jane James, aged 12. Two months since, she ran a mile on the road from Newlyn to Penzance, holding on by a spring cart which was going at a furious rate in order to "serve steam," or in other words to catch the train. She was much exhausted and distressed by this violent exercise, and on the day following was faint, unconscious, and foamed at the mouth. She continued to be more or less ailing up to the 5th of July, on which

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day she was again "faint," her mother took her on her lap, when the child fell back as if dead; soon after there was some flushing of the cheeks, but the sides of the nose remained very white; there did not appear to be any consciousness for an hour, during which time the whole body trembled, the eyes were fixed, and there was froth on the lips, the mouth partly open, nostrils acting violently, hands cold, the heart acting so tumultuously that the pulsations could be seen through the clothes. Had not been subject to fits until May last. It is very probable that the child feared to give up her hold of the cart when it was going at the rate of ten or twelve miles an hour, and was thus whirled along at a rate which alarmed her very much, and with the violent exertion inflicted a shock on her nervous system. Be this as it may the case would seem to point to *chamomilla*, of which we read that it is adapted to the convulsive condition of small children, to epileptic convulsions, to catalepsy after fright. The pathogenesy of *cham.* has "tremulous anguish with palpitation of the heart; fits for some minutes, &c.; redness and burning heat of the face, particularly of the cheeks; flow of frothy saliva from the mouth; sudden stoppage of the breath in children; the hands are cold; fainting fits; convulsive single twitchings of the limbs when on the point of falling asleep; convulsions of children; the child lies insensible, with frequent changes in the countenance; *epileptic spasms*, with foam at the mouth." *Chamomilla* was given to the child, and there has not been the least return of the disease up to the present time.

In Espanet's treatise on the Materia Medica, he states that *chamomilla* has been called the panacea for infants and nervous persons, and that Hahnemann is entitled to the gratitude of physicians of every school for reintroducing this potent simple—he goes on to say "that a very great number of plants employed in former days have

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been little by little discarded from our Materia Medica, so that at last they have fallen into disuse, or else have been consigned to popular receipts or left to nurses and mothers who have employed them in ptisans and infusions. To such an extent has this been carried that medicine has been deprived of simples which the Creator has nevertheless scattered around us in profusion, with their various and special virtues; and so now we rediscover active and useful remedies, therapeutic means of incomparable potency, amongst vegetables, whose minuteness and profusion have caused us to despise them; and now we place our finger on this truth that nature is especially admirable in minute things: *maxima miranda in minimis*; and that she is more generous than modern science, too much relying on its chemical discoveries, is able to believe. The practice of giving strong infusions of *chamomilla* as a ptisan is not perhaps so prevalent in England as on the continent, but even with us it is necessary to be on one's guard against it. A few days since I was somewhat disappointed at not finding *arnica* so useful in a case of pleurodynia as I had expected, and the mother of the patient with much complacency informed me that she was assisting my medicines by giving her son a strong cup of chamomile and wormwood tea every morning!!

Strumous Wound.

G. T., aged 18. Ten years since had a strumous wound under the right angle of inferior maxilla, it remained open for twelve months, she then had it *touched with a dead man's hand!* when it healed very quickly! Now she has another wound near the site of the first, matter collects slowly inside it and breaks forth again and again; a dead man's hand has been tried for this but without any effect. Has a decayed tooth just above the wound; tooth extracted, few doses of *hepar* given, and the malady was removed.

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BRIEF REMARKS ON CASES OF DISEASE.

Asthma.

G. Hosking, aged 17, was brought to my house in a state of pitiable suffering from want of breath: as he spoke with much difficulty and distress I learned from his mother that two years since he had a fever, and that since that time he has been liable to take cold. During the months of June and July 1863, he had become much worse, harassed with a dry distressing cough, cannot fetch up his breath, is when in bed bolstered up with pillows, of a morning he expectorates a little phlegm, his countenance is livid, shoulders much elevated, pulse 100 weak, appetite very bad, has had allopathic treatment for six weeks without the least relief.

An examination of the chest both anteriorly and posteriorly gave evidence of some degree of bronchitis with intense asthma. Each act of inspiration produced a few interrupted rhoncs, whilst expiration was effected with one prolonged wheezing, piping, snoring sound. The impulse of the heart was very much excited and labouring. Percussion did not elicit any dullness of sound, and it was evident that beyond the congestion of pulmonary mucous membrane, and the spasm of bronchial muscular fibres brought about it may be by direct reflex action, we had no pathological changes—now whereas *belladonna* produces "noise and rattling in bronchial tubes; danger of suffocation when coughing, talking or taking breath; violent dry cough (in the forenoon); oppression of the chest; laboured, irregular breathing, at times hurried, at times slow; difficult respiration; asthma; at times he breathed naturally, at times he appeared to have breathed his last." I determined on giving that noble medicine. He took it on the 1st of August; on the 3rd was better; the 6th, much better, no rhonc in right lung but a little in the left, dyspnœa decreasing; 13th, eat heartily of

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potatoes and had a relapse, *nux vom.*; 20th, is again better, lungs acting well; no asthma, occasionally a slight chirp to be heard in left lung; a few doses of *sulphur* were given with the intention of preventing relapse and it may be eradicating any psoric taint, and from that time to the present the patient has remained in good health. From the observations I have been able to make during the treatment of pure asthma, or that which is only complicated with bronchitis, I am convinced that *belladonna* is a much more effective medicine before the age of 30 than after 60; in truth this remark will also apply to all the remedies which we find useful in this most obdurate malady. Rückert states that *belladonna* is especially useful for asthma when the subjects of it are females with generally irritable constitutions, and also when there is "vertigo with cloudiness of the head; feeling of coldness in the head, with pressure on the forehead." The pathogenesy of *belladonna* gives us confirmation of this: "Sense of cold in the brain, in the centre of the forehead. Probably the key to the administration of *belladonna* in asthma may sometimes be found more in the head symptoms which accompany an attack, than in the pulmonary symptoms themselves whether objective or subjective.

Congestion of Right Lung.

August 3rd.—Thomas Uren, aged 27, a shoemaker, is pale and thin, for ten days has felt pain in the right side, and has had a most distressing hollow cough. The cough is worse at night than during the day, and is so violent that it seems to "shatter all his bulk and end his being;"—his friends think that he is in a galloping consumption—the pulse is weak and varying from 90 to 100; he feels extreme weakness and perspires much at night. Percussion at the base of right lung gives a dull sound, and the respiratory murmur is very indistinct therein. He

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took during the first week *phos.* and *bryonia* in alternation, but with very little effect on the cough, which was so incessant at night that he got but little sleep, and was obliged to sit up in bed; he then had *aconite* and *belladonna* alternately and made a good recovery.

Atrophy.

Joseph Way, three weeks old, extremely emaciated, frequently pining, vomits, and in short has every note and mark of approaching death. It was probable that the cause of this state of things was improper food. The case appeared to be utterly hopeless, but the administration of *nux vom.* and afterwards of *chamomilla,* with careful attention to diet, had the effect of restoring the child to health in the course of a week.

Disease of the Heart, probably ossific.

August 1863.—J. T., aged 69, a blacksmith of Herculean frame. This case has no peculiar interest in a therapeutic point of view, but there are some interesting facts connected with it which have induced me to publish it. The man drank freely in his youth, but has been strictly temperate for 26 years. Five years since he lent some money to a neighbour who shortly afterwards committed suicide by drowning himself; J. T. was greatly shocked when the news of this sad event was brought to him, and at the moment felt his heart bound and rebound as if it were "capsized and turned inside out." Shortly after this he was thrown from a carriage and received a severe injury on his back and ankle. His nervous system became so irritable that he got but little sleep for six months, he was so restless at night that he used to leave his bed, go to his forge and amuse himself with any trifling work at the anvil and dose on his legs, then return to bed and get no sleep. It appeared to him that he

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could not sleep because he could not drive from his mind any thought by which it was occupied. Two years since a doctor bled him, after this he was worse for a while and then a little better; at present he feels timid about everything. When a young man he worked hard at the forge, often slept on it during a whole week, only going to his house on Sundays. At present his sleep is very bad; he has lightness and pain in the head; as soon as he rises from bed and places his feet on the floor he gets a rage of cough and falls back on the bed sick and giddy; pulse is 80 and intermittent every third beat; the impulse of the heart is strong and heaving against the thorax, but no abnormal sound, valvular or pericardial, is to be heard; lungs healthy; he is subject to a dull pain in the shoulders which is mitigated in bed; has a rash about the legs (from irritation of soot dust?); appetite is good; bowels regular; sight dim; ears painful at times, is rather deaf. He took first *coffea*, then *arsenicum*, *lachesis* and *spigelia*. At the end of the month's treatment the sleep was still bad, but the pulse had the intermission less distinctly marked, and the patient still (August 1864) continues his honest but ill-remunerated labour at the smithy.

HYDRASTIS CANADENSIS IN SORES AND ULCERS.

By Dr. Hastings, Surgeon, &c.

In the May number of the *Homœopathic Review*, I promised to send you a report of the case to which reference was therein made, in the notice of the Cheltenham Homœopathic Dispensary, and I now gladly fulfil my promise.

The patient, Williams Parks, aged 32, was admitted on the books of the Dispensary, December ult. He is a mason's labourer, and in September, 1861, nearly three

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years before being admitted into our Dispensary, fell off a scaffold, and injured his right arm very much.

In the November following he became an *out*-patient at the Allopathic Dispensary, but derived no benefit. He was then advised to go into the Hospital, which he did, and remained there for some time, the disease, however, continuing to progress, so much so, that the surgeons advised him to have his arm *amputated*, to which he objected, and consequently left the Hospital.

When first seen at our Dispensary, his arm presented a fearful appearance. From the tips of the fingers to the elbow, it was much swollen, and was one mass of *sores discharging a fœtid pus;* and even from the elbow to the shoulder it was much enlarged, and had a few sores there too. The glands in the axilla were tender and swollen, and his general health was in a sad state. He was much reduced in flesh, and exceedingly weak and nervous, owing to the constant and severe pain in which he had been so long subjected, and the consequent want of sleep. He was not at all able to move his arm, and all motion at the elbow had ceased for some time; and as it was much enlarged about the elbow, and full of sores, I much feared that the joint would be stiff, if not anchylosed.

We at once prescribed the *internal* and *external* use of *hydrastis canadensis*, in a mixture composed of tinct. *hydr. can.* c. ʒ i. to aq. ℥ xii., a tablespoonful to be taken three times a-day, and a lotion composed of tinct. *hydr. can.* ʒ ii. to Aq. ℥ xii., to be kept constantly to the arm, by having cloths wrung out of the lotion.

When he next presented himself at the Dispensary, *i.e.*, in three days' time, the arm had a more healthy look, the sores disposed to heal, and his nights had been tolerably good, having had better rest than he had had for the last two years.

As this patient was under treatment for about four

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months, I will not occupy space in minutely narrating the different steps in the treatment, nor the changing phases through which the disease passed during that time; suffice it to say that his arm *became quite well*, the motion of the elbow-joint restored, and I believe he has been for the last two months (now 5th July) following his usual occupation, feeling no inconvenience whatever from his arm.

Another case, in which *hydrastis* worked wonders, is as follows:—

J. R., Esq., dentist, hurt the thumb of his right hand, causing it to bleed; and he believes that in his occupation he must have poisoned the wound, as intense pain soon followed the infliction of the wound, attended by much swelling, extending all up the arm into the axilla, the glands of which were much swollen.

He consulted one of our leading allopathic surgeons, and, of course, had blue pill, &c. administered, poultices, &c. applied, but of no avail. In a day or two from his first consulting the surgeon, the thumb was laid open by a lancet. After this the pain became more intense than ever; all rest, night or day, was now at an end, irrespective of strong doses of morphia; and it was now the intention of the surgeon to have a consultation on the following day, administer chloroform, and have the thumb again *opened*, and if that did not suffice, to amputate the thumb!

Both the patient and his friend now became alarmed, and determined to consult me, which they did. The arm was now very much swollen, and so painful that he could not bear to have it even touched, and the thumb measured in circumference four and a half inches, having a livid, irritable mass of *proud* flesh, projecting from where the thumb had been cut; sometimes bleeding much—caustic applied frequently. The pulse was small, weak, and 160; tongue white at edges and brown in the centre, &c., &c.

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He had been ordered to take mutton chops, beef tea, porter, port wine, &c., which he did most reluctantly, as he had to take them entirely against his feeling, having neither appetite nor relish for them, but thought he must take them, as they were ordered.

These I *absolutely forbade*, and told him to take nothing but iced water and gruel; and never shall I forget his and his friend's looks of astonishment when they heard this, and their exclamation was, "But Doctor, he'll sink!" "He'll sink," said I, "*with them* to a certainty, but not *without them*, with proper treatment."

I ordered to be applied to the hand, arm and shoulder finely pounded ice, and to be renewed repeatedly. *Acon.* om. 2 horas.

Next day rather better; had some little sleep during the night; pain diminished.

Same diet; ice applications to be continued, with *hydrast.* lotion, and *hydrast.* mixt. internally.

From this date there was a constant improvement: pain subsided; swelling decreased; sleep and appetite returned, and in a *month from* his consulting me, his thumb was quite well.

Another case. The Right Rev. Lord Bishop of —— consulted me, on the 13th May ult., about an ulcer on his heel, over the *tendo Achillis*. His lordship stated that he hurt his foot about six weeks ago, and since then had consulted medical men on the continent, and had just been under two homœopaths in London, but had derived no benefit whatever from their treatment. The homœopaths in London had frequently applied caustic to the ulcer, but it only aggravated it.

The patient's age is 61 years; subject to calculi, and of a gouty constitution; fond of good living.

When I saw his foot, it was much swollen and inflamed all round the heel and instep and over the *tendo Achillis*,

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and extending on either side there was an irritable ulcer, with jagged and raised margins. The ulcer and foot were so painful, that his lordship's rest was much interrupted.

He was, as the former patient, ordered "to live well and generously," and he was, like a good bishop, *obeying orders*. This I to a great extent forbade, and after carefully regulating both his diet and regimen, I ordered the *caustic* dressing to be removed, and a lotion of *sanguinaria* to be applied, and instead of *silicea* and *lycopod.*, which he was ordered to take *regularly, in alternation*—shade of Hahnemann!—I substituted *merc. sol.* 12, maneque nocte.

In three days after this, saw him. No apparent change in the foot or ulcer, though less pain and more sleep. Now ordered *hydrast.* lotio, and *hydrast.* internally, and in a few days there was a decided improvement in every respect; and under this treatment, varying the strength of the medicine at times, and occasionally omitting the medicine for a day or two, the patient continued to progress rapidly, so much so, that he wrote to me on the 1st inst., as follows, about six weeks from the time I first saw him.

"My dear Sir,—I am sure that you will be gratified to learn the success of your treatment of my troublesome heel.

"It is quite skinned over, at last; though it still seems to be somewhat tender."

Remarks.—I think the above three cases justify me in laying the treatment before my professional brethren, in order to induce them to give *hydrastis*, in such cases as the above, a trial, if they have not yet done so. I wonder if Dr. Scriven tried *hydrastis* in the case of the late Archbishop Whately.

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THE QUESTION OF THE DOSE.

By Ad. Lippe, M.D., Philadelphia, Pa.

This question, which still remains open and awaits accumulated statements by the experiment, is nevertheless approaching its final solution.

I agree fully with Dr. Wm. Arnold when he says in his article on the "Solution of the Question of Doses" in the *Homœopathische Virteljahrschrift*, January, 1864: "When we investigate the question of the doses we must hold fast to acknowledged chemical, physical and physiological facts, etc.

Certain points have been clearly established by incontrovertible statements, and from them we can draw correct conclusions. These points are:

I. Cures related by the administration of low potencies and crude drugs.

II. Homœopathic cures related by the administration of the higher and highest potencies.

III. Comparative experiments related by Dr. Edherr—showing that the higher the potency given in pneumonia the shorter the disease, and the quicker the cure.

IV. That where low potencies did not cure but only aggravated the case, the higher potency cured.

V. When the high potency did not cure, the lower potencies gave relief.

I. Nobody can pretend to deny this fact. The first attempt to apply the homœopathic law to the curing of the sick was made by administering crude medicines, and had this attempt failed, had it not proved the correctness of this law ("Similia Similibus Curantur"), all further progress in the development of the new art would have been checked at the very outset. These first experiments not only proved the correctness of the fundamental law, but gave rise to the development of the most important homœopathic law—"the dynamization theory."

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THE QUESTION OF THE DOSE.

The Materia Medica which is the fundamental structure upon which our system of cure rests, was improved in the same proportion as we learned to observe the fact, that potentization develops new, before unknown, curative powers of the crude drug; and this we learn from the provings of potentized medicines on the well and the administration of the same preparations to the sick.

From the relation of cures by crude drugs and lower potencies, we are only aware that all cures that have ever been made, are now making, or eventually will be made, are according to our fundamental law, but further we learn nothing; these cases proving nothing against the theory of dynamization.

To show the correctness of my assumption I now return to Dr. Wm. Arnold's article above referred to, and his case of a cure of polypus of the nose in ten weeks by *calcarea carb.*—*vulgo*, lime water.

This case contains nothing instructive; we do not learn why *calc. carb.* was given instead of the other medicines known to have cured the same *disease* under *certain conditions*. Such a report we might reasonably expect from a physician who calls himself a homœopathist. The logical conclusion the physiological school would arrive at is this: Lime water has cured a polypus of the nose; *ergo*, polypus of the nose must *always* be cured by lime water—if strong enough.

The cure we do not doubt; but while it was not based on the acknowledged homœopathic principles, but was made according to a pathological notion, it is valueless; such is our fate if we treat the disease and not the sick.

The case *may* prove that the curative virtue of *calcarea carb.* (and many other medicines) is not developed in the 3rd potency; that if a higher, 15th, or 30th, or as high as the 200th, had been given it would not have been necessary to use lime water for ten weeks.

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II. We will continue to consider the polypus, and the alleged proof by Dr. Arnold, that low potencies and even crude substances, are preferable according to his comparisons and experiences, and we will see what we can find in the homœopathic literature on the cures of polypus of the nose by *calc. carb.*

Allgemeine Homœopathische Zeitung, Vol. 10, page 55. —Jahr relates: "A man suffered for five years with polypus of the nose; he had the polypus repeatedly extirpated, but it always returned; he sneezed frequently, and it was always accompanied by a profuse flow of mucus. *Calcarea carbonica* cured both polypi completely in *ten* days, and thirteen months later they had not reappeared."

Allgemeine Homœopathische Zeitung, Vol. 8, page 371. —Dr. Syrbius relates: "A child one year old had a polypus in the left nostril as large as a strawberry. *Calc. carb.* 18, three doses, one every day, caused the polypus to disappear. After a year a similar polypus returned in the right nostril, and was soon cured by three more doses of *calcarea carb.* 18, daily one dose."

Dr. Syrbius relates a case of a boy of fifteen years old cured of polypus of the nose by four doses of *calcarea carb.* 18, daily one dose.

Dr. Speer relates the case of a woman, 50 years old, who for six years had a polypus in the left side of the nose larger during the full moon; three doses of *calcarea carb.* 30, repeated after twenty-one days, cured her entirely.

These four cases were all treated with higher potencies, and the result does *not* prove Dr. Arnold's assertion. The cures were performed in a shorter time by higher potencies than was Dr. Arnold's case with lime water.

Cases of polypus of the nose have also been reported to have been cured by *kali bichr., phosphor, sulphur, marum verum, sanguinaria* and *staphysagria.* It would be more

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to the advantage of progressive homœopathy if the learned Dr. Arnold had stated clearly and distinctly what characteristic symptoms induced him to select *calcarea carb.* as the *only* truly curative homœopathic remedy; and he might have stated at the same time the characteristic symptoms that have and will again, very likely, indicate other remedies in the cure of the polypus of the nose. A cure can only be called a homœopathic one, if the characteristic symptoms of the remedy are similar to the characteristic symptoms of the disease (the sick).

Many such instructive cases have been published in the homœopathic journals, and in the same ratio, as the cure performed by the least medicines (the smallest dose of one remedy) have the cases been clearly reported and has the science gained by a confirmation of the provings and the practical rules laid down by Hahnemann. Every well informed member of the profession sees at one glance why that and no other remedy would cure the disease, and he thus adds to his stock of knowledge. On the other hand the cures reported to have been made by massive doses are wanting in accuracy, and are generally based on pathological notions; they carry no information with them, they are not even instructive, and lead to the belief that names of diseases can be cured instead of "the sick."

Of the cures reported by alternate remedies I wish not to say anything here, as they belong to *eclecticism*, not to homœopathy.

III. The same experiment has been made by many competent practitioners in private practice, and with precisely the same results; but the testimony of such men will not have the same weight as Dr. Eidherr's report, coming from a large body of physicians, and after the lapse of so many years.

The figures very clearly show that the duration of the disease was, under the 6th dilution, 19 days; 15th dilu-

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tion, 14 days; 30th dilution, 11 days. Is it not reasonable to expect then that the same disease under a still higher potency would have lasted a much shorter time?

Should not Dr. Arnold make the experiment? He should if he would hold fast to acknowledged chemical, physical and pathological facts. But does he do so? In the article above referred to he says: "The medicinal power of the drug may be developed in the same degree if the first trituration is continued for six hours, instead of making six triturations, one in an hour. The first trituration, continued for six hours, must act *stronger*, because a larger number of fine particles of medicine act on the organism than in the sixth trituration, as there only the sixth part of *equally fine particles* comes to act on the organism."

Certainly Dr. Arnold cannot be in earnest! If so, where are his arithmetical calculations? Did he ever try to find how small the particles of the sixth centesimal trituration (made according to Hahnemann's advice) of *mercury*, or any other metal, are; and how small, or rather how comparatively large, the small particles of the same substance in his first trituration, continued for six hours, are? The microscopic examination will give him light on that subject. Should he make the proposed examination, he will come to the conclusion that his proposition is false, and he will (may he!) doubt his own ability to make any further "observations and notes." It remains questionable what general conclusions can be drawn from statements made by *such* observers.

IV. Under Article III. we have already seen, by Dr. Eidherr's reports, that the higher potencies cure in a shorter time than the lower potencies. We find in the homœopathic literature cases published which go to establish this principle; and no observer was more apt to report correctly on this subject than the late Dr. Bœnninghausen.—(Vide his Three Precautions.) Hahnemann

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cured with the smallest doses decidedly quicker, better and surer than he did with the lower potencies. The evidence in this direction laid before the medical world is fast accumulating and remaining uncontroverted, and finally must become an established truth. The only admissible evidence contra would be to relate fully a case in which the truly curative homœopathic remedy has been selected, and when administered in a higher or high potency had not produced in a reasonable time any beneficial effect, and that the case, remaining unaltered was then promptly *cured* by a low potency, or the crude drug.

V. Doctor Dunham refers, in page 535, Volume IV. of this *Review*, to a previously reported case—to *one* case in which a lower potency gave prompt and complete relief when the higher failed. Neither can this case, or an accumulation of similar evidence to the purpose, prove anything when we wish to settle the question, What doses are preferable in the (homœopathic) cure of the sick. Here is the question of cure (sanatio), not relief (allevatio); and when we discuss the one (sanatio), we only allude to, but do not discuss fully the other (allevatio). While the same laws hold good in the one as in the other, it is very likely that if the truly curative remedy can be found, a high potency will give prompt relief, and will be less apt to inflict lasting harm to the incurable case for which relief is asked; but this is at present an outside question and may be discussed later.

On page 202 of Vol. IV. of this *Review*, Dr. Dunham in his articles on Doses, censures the "Radicals" severely, but undeservedly, and finally he says: "They seem to glory not so much in the *truth* for the sake of which they separated, as in the mere fact of separation."

To my best knowledge, the "Radicals" have not separated from *homœopathy*, but they are extremely anxious to hold fast to *it*, as Hahnemann left it to us, a legacy, and if possible unfold *it* through the same means by which

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the master developed the healing art. Those who deny all of Hahnemann's teachings and his practical rules, who slander and misrepresent his true disciples, and who prefer to coquet with the physiological school, have separated themselves from homœopathy, and should not have the audacity to call themselves homœopathists. What we could gain for our cause by clinging to them, or by compromising with them, history has taught us; and what we should do, *what we are now doing* with them, has been clearly shown by the sages of our school—(vide Bœnninghausen's Three Precautions).

Those who have separated themselves may think better of it in course of time, and they may return or rather embrace homœopathy which they have never before accepted, save in name and without a good cause; they will then learn that a relief is not a cure, and that the statements that a *disease* has been *relieved*, while a high potency *failed to cure*, is no link to the evidence against the doctrine that high potencies are preferable in the treatment of the sick.

How near are we to the solution of *this* question? This solely depends on the testimony to be offered by the man of low doses. As far as the present indisputable testimony goes, the higher potencies have the evidence in their favour, and should we draw no other conclusion from the testimony now accumulated in support of the correctness of the much feared potentization theory, our gains would indeed be very great. If that question is once settled beyond dispute—and I consider it is so settled by the evidences before us—the denial of its truth will become equivalent to a denial of homœopathy. And if further experiments for the solution of the question of doses are only made by homœopathists, the testimony which will follow hereafter will all be of one kind.—*American Homœopathic Review.*

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REMARKS ON THE ADDRESS OF THE PRESIDENT OF THE BRITISH MEDICAL ASSOCIATION, READ AT ITS THIRTY-SECOND ANNUAL MEETING.

The address of Dr. Paget, at the recent meeting of the British Medical Association, is one demanding the serious consideration of all interested in the education of the people; while it especially claims the notice of those who are so in the training of young men to enter the medical profession.

A member of the General Council of Medical Education, Dr. Paget naturally drew the attention of his auditors to the subject of education; while, as a lecturer on physic in the University of Cambridge, it was equally to be expected that he should derive his illustrations from his *Alma Mater*.

The subject is one of the greatest moment. Upon the manner in which it is treated depend the future progress of medical science, the future welfare of our profession. Leaving out of consideration his allusions to homœopathy —a subject of which he is evidently quite ignorant, and therefore one on which he is totally incompetent to express any opinion—the essay before us is highly suggestive, and admirably written. It is one which we doubt not will have a full influence upon the minds of all who heard it, one which will tend materially to improve the education of the rising generation of Æsculapians.

Commencing with an account of Cambridge as a medical school, Dr. Paget admits that it is small, but assures us that, such as it is, it is good: serving well as an introduction to the study of medicine elsewhere—a proceeding the University has always encouraged on the part of her medical alumini. Hence he remarks, that "if it is to be assumed that the office of an university is to make physicians, and the reputation of an university is to be mea-

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sured by the number it makes, I should have to confess that Cambridge has fallen short of its duty, and has no claim to a high reputation. But if the office of an university be rather to educate men into the capacity for pursuing any profession, and, as regards its medical students, to train them in all that which 'quamvis non faciat medicum, aptiorem tamen medicinæ reddit;' to take care that their medical knowledge be well founded, and that they do not obtain a medical degree until they have given the fullest proofs, that their knowledge, wheresoever acquired, is real and at a high standard,—if these be the duties of the University of Cambridge, then I have no fear of criticism."

General education, teaching a man how to think, how to reason, how to observe,—these are the functions of an university. For instruction in special branches of science we have the Theological College, the Law Institution, and the Hospital. The business of the university is to prepare its youth to make the best use of the opportunities subsequently placed before them.

When regarded in this light, Dr. Paget may well say that he has "no fear of criticism" for his university.

As an university granting the highest honours in medicine, Cambridge is ever regarded with respect. If unable from the absence of illustrative material to distinguish herself as a teacher of medicine, her degrees have, from the lengthened period of study, the searching nature of the examinations required to obtain them, from the varied character of the learning demanded of the candidate, always been held in high esteem.

Dr. Paget refers, in the next place, to the position held by the natural sciences in the estimation of the University. Here it would seem that, though the general academical body has done much in the way of museums and collections of specimens of interest in natural history to promote its study, the colleges have, by bestowing scholarships and

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fellowships almost exclusively for proficiency in classical and mathematical studies, withheld from the natural sciences those rewards and emoluments the ambitious student desires to secure. In so doing, the study of natural history has been virtually discouraged.

"In short," says Dr. Paget, "the mistake of the Colleges has not been in their encouraging mathematics and classics, but in encouraging them too exclusively, and in not recognizing the fact that natural history includes subjects, of which no man pretending to culture should be wholly ignorant, and that it furnishes the best supplementary means of educating certain faculties — particularly those of observation — which are not adequately cultivated in the two more favoured studies."

That the study of the natural sciences, both in the University and out of it, has been neglected as a branch of general education, cannot be denied. Their cultivation, as Dr. Paget urges, should rather be regarded as one of the chief ends of an university education; for while mathematics develop the reasoning faculties, while classical literature enriches the imagination and refines the taste, the study of natural history trains the faculty of observation, quickens the perceptive powers of the mind more efficiently, more thoroughly than any other course of study. We do not for one moment urge it as a substitute for either mathematics or classics; but that it should supplement these two branches of study in every liberal education is, at the present day, imperative. Dr. Paget has done real service to education by the forcible manner in which he has advocated the claims of the natural sciences.

We here quote at length the arguments by which Dr. Paget urges that "the study of natural science should become a part of the education of the higher classes."

"To my mind," says he, "the necessity for more general

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instruction in natural science needs no farther proof, when ladies and gentlemen appear in a court of law to vouch their belief in the supernatural powers of the crystal globe; when those who are called highly educated throng the necromancer's consulting-room to hear disembodied spirits rap on his table: when they daily become the dupes of barefaced quackeries; and while avowing their belief in what is absurd or even impossible, plume themselves on their superiority to prejudice, regard themselves with complacency as walking in the spirit of the age—as being *au courant* with its progress, and indignantly remind us of the persecutors of Galileo, if we question the accuracy of their facts or the logic of their conclusions.

"Whatever may be thought of the enlightenment of the present age, there can be no doubt of the readiness and boldness with which it forms or avows its opinions. Far be it from me to question the birthright of an Englishman to judge of all matters, whether he understand them or not. The right of private judgment is the most precious of civil rights; but it *may* occasionally make fools of us, when exercised upon questions in which we are uninstructed. Even freedom of thought is not an unmixed good. It stirs a community in *all* directions—not always in the direction of progress. For the unwise and presumptuous it is often the parent of mischievous errors, that find ready acceptance among the ignorant and indolent, and cost for their removal much time and trouble of wiser men. It is easier to refute errors than to remove them. Ignorance must be instructed, self-sufficiency must become modest, before it can be convinced.

"I have sometimes fancied that the rapid succession of brilliant discoveries and inventions which has characterized the present age, and should have enlightened it, has actually enhanced its credulity for the pretensions of quackery and imposture; that the unexpected and unimagined achievements of true science have so dazzled the minds of people, as to render them more accessible to other marvels, whether true or false, and more ready to yield unquestioning belief in *whatever* is new and wonderful: as in times of old, the heroic deeds of a Hercules or King Arthur led their admiring countrymen to ascribe to them

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other achievements, not only unreal, but impossible; or as, in the sixteenth century, when men's minds had been roused and agitated by the spiritual preaching of the Protestant Reformers, a readier credence was given, not to spiritual *truths* only, but also to spiritual and mystical *errors*. Then was the time when enthusiasts abounded, whose imagination called up before their eyes every object they desired to see; then it was that astrology was most widely spread and most generally studied as a useful science; then it was that demons were classified, and that witches were burnt in thousands. *Then* even self-reliant intellects that had thrown off the yoke of ancient beliefs, yielded a ready credence to almost anything which had a spiritual semblance. Melancthon was one of the chief defenders of astrology. Luther attributed diseases to the immediate agency of the devil, and was indignant with the physicians who referred them to natural causes. Paracelsus and Cardan, while shaking the popular faith in ancient physic, rested their own on cabalism and astrology.

* * * * * *

"As the minds of men in those days when awakened to new and deep spiritual convictions, were opened also to mystical *errors*;—so in the present day, when startled with scientific wonders beyond their comprehension, do they gape at and swallow indiscriminately everything new that is presented to them under the outward guise of science:—and this, while they are disposed rather to scepticism than credulity in matters of ancient belief.

"Truth, it has often been said, is stranger than fiction. They that use the proverb have commonly in view only the events of history or of social life. But it is equally true, if we compare the established facts of science with the pretended facts of fraud or of quackery. If you tell an uninstructed person that you can talk easily and fluently with a friend a thousand miles off, can write to him at that distance in letter or in cypher, whichever he prefers, and that all the help you need is in some pieces of zinc and copper and some acid and a long piece of wire, and a thing somewhat like the face and hands of a clock: and then tell him that by merely resting your fingers on a table, you can

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make it turn round and stand on one leg, and then move of itself about the room: both things may seem to him very strange, very wonder-moving; but surely the truth here must seem stranger than the fiction; to an uninstructed person, table-turning must seem at least as credible as electric telegraphy. Or, again, if you were to tell him that there were rays of light which give no light: that, when separated from other rays and admitted into a darkened room, they cannot be seen; that they give no light, and the room remains dark as before; and yet, that Professor G. Stokes has made them visible, has made these dark rays shine and give light in the room, merely by intercepting them with a solution of a salt of quinine contained in an ordinary glass:—and if, then, an advocate of homœopathy were to expound to the same hearer his views of the actions of medicines:—surely the dogmas of Hahnemann (unproved and unsound as we know them to be) may seem to the uninstructed person no more strange or incredible than what you had told him about the rays of light, though the latter be well assured facts, that can be verified at any moment, and are in harmony with the whole body of optical science.

"It is plain that by no instinct, no common sense, no natural power can any man discern between truth and untruth in these matters; to the uninstructed in sciences of observation the truth must seem stranger, less credible than fiction. It is to this want of special scientific instruction that we must ascribe the popularity of error. For it must be admitted that they who believe the fictions are not all, in a general sense fools; there are among them provident statesmen, astute lawyers, faithful ministers, discreet housewives, such as in their several callings we might be content to take as our guides. And yet because of their want of scientific training, their want of that knowledge which would tell them what it takes to establish a real fact in science, they are unable to distinguish truth from its counterfeit, or to gainsay the pretensions of quackery and imposture.

"How then can people be guided to a better judgment in these things? Chiefly by being themselves in some measure instructed in some of the sciences of observation, and then by

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being taught that, in such things as I have put in contrast, the one set of statements are, and the other are not, founded on careful, repeated, various inquiries by men of special training; that the one set are, and the other are not, provable by every test to the satisfaction of all who will look on and are too acute to be deceived; and finally, that the truths are and the fictions are not, parts of a system or whole body of sciences."

To distinguish between that which is true and that which is not so, in the discoveries daily taking place in the wide field of natural science, well cultivated powers of observation, cautious investigation, a scrupulous and impartial comparison of every circumstance bearing upon the matter studied are pre-eminently requisite. Nothing is more true than this. Every student of science, every philosopher admits it. And yet Dr. Paget adduces as an illustration of one of several prevailing "fictions" the homœopathic system of therapeutics, though obviously uninformed upon the matter! He tells us that he *knows* that homœopathy is all "unproved and unsound." How does he *know* that such is the case? Has he ever given to the study of homœopathy that careful and impartial investigation he so properly demands for all other studies? Has he ever put in force—wittingly put in force, we mean—the homœopathic action of a medicine in the treatment of a single case? The study of homœopathy has not been accomplished when Dr. Simpson's elaborate tissue of falsehood and misrepresentation has been read. It has not been adequately fulfilled by reading Dr. Sharp's able *Investigation*, or by the simple perusal of Dr. Dudgeon's very valuable *Lectures*. The study of homœopathy must be carried on at the bedside of the sick; by daily careful watching for a lengthened period of time the career of diseases treated by homœopathically-selected remedies. This we feel sure Dr. Paget has not done. In his case "ignorance must be instructed;" the "self-sufficiency"

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with which he pronounces his opinion of its merits "must become more modest." Then with fuller information, we doubt not that he will become convinced that homœopathy is well proved, and far sounder than any therapeutic system in which he has hitherto placed his confidence: and we trust he may have the courage to announce his convictions. Let him test homœopathy as rigidly as he will—he cannot do so too rigidly—and we have no fear of the result. But until he has done this, he has no right to place it on a level with errors that have been fully weighed in the balances and found wanting. So to place it before the public is a simple act of immorality.

In the concluding portion of his address, Dr. Paget ably enforces the propriety of diffusing popular scientific knowledge among all classes of people—of elevating their minds by exciting in them an interest in the wonderful works of the Creator. He makes a still further advance, when he more than suggests that patients should have their "natural curiosity gratified as to the nature of their diseases, and the processes of cure." He says "we do an injustice to medicine, if we treat it as a mystery. It is a science and entitled to rank as such; and we at least should be ready to show that its maxims are founded in truth and reason."

We can readily believe that a familiarity between patient and doctor so reasonable, so desirable, so confidence-inspiring, albeit so little practised—yea, rather so studiously avoided in the great majority of instances—must have startled, not a little, very many of those who heard it proposed.

Dr. Paget, and those who, like him, know nothing of homœopathy, may think that by raising the standard of education among the general public, by insisting upon an increased amount of learning from candidates for a position in the ranks of the medical profession, they will stem

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the ever-advancing tide of homœopathy. But not only will their object—in so far as this is their object—not be attained, but on the contrary, the more highly cultivated the mind, the more earnestly will truth be sought after—the more unwillingly will the degrading, trades-union-like shackles of the medical press, of the medico-ethical societies, aye, and of the British Medical Association itself be borne. The evidence in support of homœopathy, tabooed though it be, will be more readily investigated. It is ignorance that homœopathy has alone to dread. Educate the medical profession as highly as you will, but of one thing rest assured—the better informed on medicine and the collateral sciences its members are, the more rapidly will homœopathy be appreciated and adopted by them!

A PLEA FOR A BRITISH COLLEGE OF HOMŒOPATHY.

An esteemed correspondent, who does not wish his name to be published, has written us the following letter:—

Sir,—Grant me space, will you, in the journal, to bring before the friends of homœopathy—practitioners and otherwise—a subject which has often engaged my thoughts as one of the most pressing importance. Glad had I been had the mooting of this subject fallen to a better pen than mine; but I cherish the conviction that I shall not be alone in its advocacy.

We require a British College of Homœopathy for the graduation of homœopathic practitioners. As matters at present stand, those who intend practising homœopathy must either obtain the M.D. diploma from a foreign Homœopathic College, or graduate in this country as disciples of the allopathic practice. This is an unhappy alternative—a most unhappy alternative. If a man graduate at a Homœopathic College he has no claim, it is understood, to registration as a medical practitioner under

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the Medical Act: and although he may so style himself and be so styled as to evade the punitive provision of that Act, yet the fact that, professionally, he has no legal standing, is quite sufficient to operate—as in fact it does operate—against the practice of foreign graduation. But, on the other hand, it is not desirable for a man who intends to practise homœopathy to graduate at an allopathic school. Eminently the reverse, indeed. Graduation at such a school is no proof of the graduate's ability to practise homœopathy—quite otherwise, rather: not to lay much stress at present on this point—that the testing questions for a British M.D. involve what I know the conscience of more than one man has staggered at: For it is argued that the candidate is required to say how supposed cases should be treated—nay, how should you, candidate, treat said cases?—meaning thereby, not how has this school said they should be treated, but how would you, candidate, treat them? for according to your answer will we judge of your fitness to receive our diploma.

In the alternative that thus at present lies before the intending homœopathic practitioner in obtaining a diploma, his better course by far, to my thinking, is to take and practise upon the diploma of a foreign Homœopathic College: he is thus certified to be and to be able to do what he professes to be and to practise.

But how greatly preferable is a British Board for graduation in homœopathy to a foreign one? and what is to prevent the constitution of a British College for this great and urgent purpose? I do not plead for the erection of a College with class-rooms, professors, and all the rest of it, but merely for a Board to take candidates for graduation in homœopathy upon trial. Certificates of attendance upon prelections in the various medical schools could be accepted, without compromising in the least our distinctive principles. The building and the professors would follow betimes. And if it were necessary to my present purpose to indicate now the men of whom the College might be constituted, I would point to the B. H. S. and suggest the appointment annually of so many of their number as Examiners, with power to grant diplomas to successful candidates.

Of course the objection will be at once started that the

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degrees thus conferred could not be registered upon under the Act. But better be an unregistered British graduate than an unregistered foreign one.

I am not insensible to the inconveniences of being an unregistered practitioner; but neither can I shut my eyes to the fact that the advantages, or, if any will, the privileges, of registration are greatly exaggerated, and more fancied than real. But *the validity for registration of the degrees I plead for would ere long be admitted.* We are not without ability, and we could command sufficient influence to secure for our degrees at no distant date that legal value to which from the first they would, morally, be unquestionably entitled. H.

PROFESSIONAL HONOUR.

Our professional readers will join with us in our appreciation of the delicacy and reserve which mark the following allusion of our contemporary, the *Lancet,* to the sad case which recently came before the Divorce Court: we quote from the number for July 30th:—

"It is with regret that we notice the name of a duly qualified medical practitioner as having recently figured in the Divorce Court. We refer to the matter with the sole view of recording the Judge-Ordinary's opinion of the honourable status of the medical profession. His Lordship, in commenting on the case of the petitioner, who held high rank in the Indian army, observed—

"'The petitioner was a member of a noble profession, and the co-respondent was a member of a profession equally noble. To medical men were entrusted much of the happiness and honour of families. They were received on terms of confidence and familiarity, and, with rare exceptions, proved worthy of their position. The situation of a medical attendant on a married woman was one fraught with peril both to the medical man and to society. The temptation to which he was exposed was very strong; but the very strength of that temptation made it imperatively necessary that those who were in any sense the guardians of society should protect society against it. In this case the co-respondent had been unfortunate and weak enough to yield to temptation. It was no part of his duty to inflame the damages, but a great wrong had no doubt been

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done to the petitioner and to society by this unhappy connexion. It was fair, however, to recollect that society in a great measure revenged itself, and that from this moment the co-respondent would probably never again be found by the bedside of a married woman in her sickness.'

"We place on record these observations on the *morale* of the medical profession. The distinguished Judge who thus expressed himself has had the largest opportunity of becoming familiar with the difficulties which medical men must encounter in the discharge of their professional duties. In questions of conjugal fidelity, of family happiness, of testamentary capacity, involving the dearest and most sacred obligations of life, the medical practitioner has at times to determine by his evidence the course which justice must pursue. If he be prejudiced or unprincipled, meddlesome or undecided, how grievous is the wrong of which he may be the instrument. If he fail to appreciate the deep and solemn obligations of his position, and permit principle to give way to passion, how terrible is the sentence he invokes. False to his profession, he cannot be true to himself. Its principles are those of honour and of truth, for the abandonment of which the least penalty is the highest money estimate of his wrong. We commend Sir James Wilde's observations to those entering on the duties and temptations of medical practice; and bid all who would worthily discharge the grave responsibilities of the several positions in which they may be placed, to remember that while they are true to themselves and their profession they cannot be false to anyone."

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

THE next Meeting of this Association will be held at Sheffield on the 14th proximo. Dr. William Scott, of Fitzwilliam Street, Huddersfield, is the President-elect. Gentlemen desirous of joining this Society, or of reading Papers at the ensuing Meeting, are requested to communicate with the Secretary, Mr. Alfred C. Pope, of York, on or before the 25th inst.

UNIVERSITY OF ST. ANDREW'S.

WE are glad to learn that the Thomas Wilson, M.R.C.S. Eng., L.S.A., whose name appears in the list of candidates who were admitted to the degree of M.D. in the University of St. Andrew's on April 29th, 1864, is our highly respected colleague, Dr. Wilson, of Hull.

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DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers.

Consulting Physicians—Dr. DRYSDALE and Dr. WRIGHT.
Consulting Surgeon—JOHN MOORE, Esq., Napier-terrace, 51, Canning-street.
Physician—Dr. HAYWARD, Vernon-house, Mount Vernon-road.
Surgeons—THOMAS H. WILLANS, Esq., 82, Rodney-street;
E. L. HUDSON, Esq., 10, Bedford-street-south;
R. T. GEOGHEGAN, Esq., 3, Kenyon-terr., Claughton.
Honorary Dentist—H. C. QUINBY, Esq., 21, Rodney-street.
Non-Resident Stipendiary Physician—Dr. SIMMONS, 13, St. James's-road.
House Surgeon—F. J. TUCKER, Esq.
Chemists—THOMPSON & CAPPER, 43, Bold-street, 4, Lord-street, and 46, Pembroke-place, Liverpool, and 32, Hamilton-street, Birkenhead.

The number of patients prescribed for at this Institution during the month of July was as follows:—

Old patients	1978
New „	676
The number of old patients visited	141
The number of new patients visited	41
Total	2836

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION, Bagnall Street, Hanley.

Physician—GEORGE MOORE, M.D.
House Surgeon—Mr. ATHERTON, M.R.C.S.E.
Chemists—J. B. ROWLEY & Co. *Hon. Sec.*—E. PAMPHILON, Esq.

Report for Month ending April 1864.

Old patients attending	886
New ditto admitted	110
Total	996

Number of patients prescribed for during the Quarter ended July 31st, 1864:—

Old patients	2048
New ditto	320
Number of patients visited	120
Total	2488

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THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHY
THE SCIENCE OF THERAPEUTICS.

By Carroll Dunham, M.D.

(Concluded from page 533.)

Having thus made a general analysis of the proving, obtaining, first, a general view of the *action* of the drug on the great divisions of the organism and of the pathological conditions which it produces; and, second, a general view of the *characteristics of its action*, the student may proceed to a special analysis, which will involve a similar study of the action of the drug on each organ and anatomical region of the body. In this he cannot do better than follow the Hahnemannian scheme.

The points to be considered in each region and under each rubric are the following: the organic changes; the sensations, their nature, locality and direction; the conditions of time, place and circumstances and the concomitants. Thus, for example, in studying the Head he may consider

A. The Sensorium under which the sub-divisions may be

1. Vertigo, its nature, conditions of time, place and circumstances and its concomitants. Thus the vertigo of Puls. is a staggering; it occurs after eating, in a warm room and during repose (there is a rare alternate effect);

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the concomitants are heaviness in head on stooping, paleness and internal heat in the head.

2. Intelligence with conditions and concomitants as above.

3. Memory „ „ „

4. Illusions of the imagination „

B. HEADACHE under which the points to be noted are

1. Character of the pain.

2. Locality.

3. Its course if it move.

4. Conditions and concomitants as above.

C. THE ORGANIC CHANGES which are to be studied in the same way. These comprise all objective and material phenomena.

In this manner the student will examine the effect of the drug upon each organ and tissue of the body, as will be more clearly shown by a schema for the study of the Materia Medica which will be appended to this essay.

The result will be an accurate knowledge of the action of the drug, in so far as the proving is complete, upon the whole organism in general and in detail. The special analysis will serve to correct certain errors into which the general analysis might lead the practitioner. Conditions are not always uniform for all the organs. Thus although the *general* conditions of Puls. are occurrence and aggravation in the afternoon and evening, during repose and by heat, with relief by motion and cold, and must be so stated in a general analysis, yet there are a few *special* symptoms to which the opposite conditions attach and this fact is brought out by the special analysis.

The study of a proving to be practically available must be comparative. After ascertaining the properties of each drug by positive investigation and analysis in the manner detailed, the next step is to ascertain what drugs resemble it and in what features they are like and how they differ.

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To make such a comparison as this in studying the Materia Medica, a repertory is indispensable; and this need alone, if a repertory were not equally indispensable in daily practice, would be a sufficient reply to those who idly talk about such a work being superfluous or mischievous.

Such is a method of studying the Materia Medica which after much reflection and trial of various plans I venture with unfeigned diffidence to unfold. It is elaborate and requires a wearying application which those alone can appreciate who have engaged in similar tasks. To complete such a systematic study, even in comparative leisure, might require seven years of unremitting labour—just the period for which a lad is apprenticed to learn his trade! Should we shrink from devoting so long a time to the mastery of the most complex and difficult, and the noblest science and art which are possible to man on earth.

I desire to add a few words of a practical nature. Prescribers are liable to two errors of an opposite kind; the possibility of which will be apparent from what has been written.

The one consists in prescribing from a general analysis of drugs without regard to the characteristics which individualize them. This is equivalent to prescribing any member indifferently of a whole group of drugs, and necessitates a corresponding generalizing view of disease. It is the method of the old school which seeks to arrange drugs and diseases in groups, and which ignores characteristics and individuals.

The other error consists in prescribing on the strength of one or two characteristics which may be detected, without however examining whether the general effects of the drug correspond to the general features of the disease. Now, characteristics, for the most part, as we have seen, derive their value from their association as concomitants or conditions with some symptom which is not in itself a

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characteristic. Disconnected from this, they are as void of significance as a man's nose would be if cut off from his face, though while on his face, it might have been the chief feature by which his friends recognize him. I will not deny that by this method, great successes, "lucky hits" I would call them, are sometimes made. But I do stoutly affirm that atrocious and inexcusable blunders are much more frequently the result.

I admit too that in certain cases of disease there is no possibility of making such an analysis as we have advised, and that certain drugs are so incompletely proved that we know of them only one or two characteristic symptoms, and cannot study them as recommended. All that can be said of such cases is that they are incomplete and come under no rule. We must do the best we can and adopt a defective method, which is nevertheless sometimes successful, rather than make no attempt to cure. Better cure by a "lucky hit" than not at all. But let not this lead us astray where we might do better.

If one had to traverse a wilderness he would desire first of all a compass. If this were not to be had, he might "steer by the stars." If these were obscured, he might judge from the direction of vegetation and of hills and rivers. Failing these, he might even "guess" and his guess might lead him right. Nevertheless few travellers of sound mind would be led by such a success to prefer a "guess" to a "compass."

A Scheme for the Study of the Materia Medica. —In the hope that what has been written may serve not only to explain the method in which I have thought the study of Materia Medica may be best pursued, but also to assist those who are entering upon that arduous study, I publish herewith a schedule drawn up originally for my own guidance, and which, I think, was a great assistance to me.

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HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.

A.—GENERAL ANALYSIS.

1. ACTION ON THE VITAL POWER—as exhibited in the action of the remedy upon—*a.* The sensorium; *b.* The special senses; *c.* The sphincters; *d.* The other involuntary muscles; *e.* The power of locomotion.

2. ACTION ON THE ORGANIC SUBSTANCE; as exhibited in *a.* The complexion (showing, viz.: the state of vessels and the nature of their contents); *b.* The evacuations; *c.* Ulcers, if any which previously existed are modified by the remedy or if any are produced by the remedy; *d.* Eruptions; *e.* General affections of a dyscrasic nature, such as dropsy, tuberculosis, etc., etc.

3. THE SPHERE OF ACTION OF THE REMEDY. What organs or systems of the body are affected in a general way and in what order they are affected.

4. SENSATIONS. What kind of sensations predominate among those ascribed to the remedy in the proving, and what relation, if any, appears to exist between certain varieties of sensation and certain classes of organs or tissues.

5. PERIODICITY. If there be any periodicity in the symptoms it is to be particularly noted and its character defined.

6. PECULIARITIES. There are few good provings which do not ascribe to the remedy certain peculiarities of action which are incapable of classification, which run through the whole action of the remedy, and which are peculiar to one remedy, and are therefore important characteristics.

These *peculiarities* constitute the *conditions of time, circumstance, aggravation* and *concomitance,* which are attached to the symptoms and often give individual character to them as belonging to one remedy in particular, and as incapable of being ascribed in mass to any other drug. A symptom being recorded as produced, for example, by Pulsatilla, the questions "When did it

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occur?" "When was it aggravated?" "When was it ameliorated?" "When did it cease?" give the conditions of time which attach to that symptom. In like manner the questions "Under what circumstances (viz., of rest or motion, of heat or cold, etc., etc.,) did it occur, was it aggravated, was it ameliorated," give the conditions of *circumstance* and *aggravation* which attach to the symptom.

It will be observed of almost every remedy that certain symptoms or series of symptoms are accompanied by one or several other symptoms. This fact is the condition of *concomitance* to which we refer. For example, many symptoms of Pulsatilla are accompanied by a disposition to weep, of Nux vom. by *fugitive chills*, of Arsenicum by inordinate weakness, of Veratrum by cold sweat of the forehead, etc.

It is further noticeable that in the provings of some drugs this concomitance of symptoms by other symptoms is strongly marked, and almost universal as in the case of Arsenicum.

7. RESUME OF THE CHARACTERISTICS OF THE REMEDY. This will include everything in the above analysis which is shown by a comparative study of other drugs, to be peculiar to it. It will comprise in particular the conditions of time, circumstance, aggravation and concomitance, and the *periods* of the day at which the action of the drug is most marked.

B.—SPECIAL ANALYSIS.

1. HEAD,

A. *Sensorium*, comprising the subdivisions: 1. Vertigo; 2. Intelligence; 3. Memory; 4. Illusions. Each of these subdivisions is to be studied in respect of *sensations* in so far as they can be predicated of it; of *periodicity;* of *conditions of time, circumstance, aggravation* and *ameliora-*

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tion; and of *concomitance.* And under the latter rubric it is to be especially inquired what symptoms affecting other organs, or systems, occur simultaneously in evident physiological connection with the symptom under consideration.

B. *Headache.* The points to be investigated are: 1. The *location* of the pain if it be stationary—its *course* if it move; 2. The sensation; 3. The conditions of time, circumstance, aggravation and amelioration, as above explained in detail; 4. Concomitance.

C. *Organic changes.* These affect the material substances and tissues of the head, and comprise all deviations from a normal material condition of which we can in any way become cognizant—affections, for example of the skin, glands, vessels, organs of special sense, etc.

2. EYES,

A. *The Orbit.* 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes. These subdivisions here and throughout the scheme, wherever used, are to be understood and studied as already explained in the general analysis and under the title "Head."

B. *Lids.* 1. Location; 2. Sensation; 3. Conditions; 4. Concomitance; 5. Organic changes.

C. *Conjunctiva.* 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.

D. *Globe.* 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.

E. *Secretions.* 1. Character, as regards color, acridity, quantity, etc.; 2. Conditions; 3. Concomitance.

F. *Special sense.* 1. Vision, altered, intensified, diminished, or perverted; 2. *Conditions* attached to such alteration; 3. Concomitance.

N.B. After each such study of a single organ, a physiological estimate should be made of the significance of the symptoms. For this purpose a faithful study of the

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concomitance is of inestimable value. For example the proving of Pulsatilla gives sudden loss of vision. Is this Amaurosis? The concomitance shows that the loss of vision is accompanied by loss of hearing, by syncope, and occurs at a period of menstrual irregularities. The symptom is at once explained. This is only a very obvious instance of what is not always an easy though always a most necessary task.

3. EARS,

A. *External Ear.* 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes.

B. *Internal Ear.* 1. Location; 2. Sensations; 3. Conditions; 4. Concomitance; 5. Organic changes (as secretions, etc.) and their conditions.

C. *Special sense.* 1. Deviations, whether intensified, diminished or perverted; 2. Conditions; 3. Concomitance.

4. NOSE, 1. Location; 2. Sensations; 3. Organic changes, including secretions. With reference to each of the above, observe, *a.* The conditions; *b.* The concomitance.

Special sense of smell. 1. Deviations from a normal condition; 2. Conditions; 3. Concomitance.

5. FACE, 1. Location; 2. Complexion; 3. Sensations; 4. Temperature; 5. Organic changes. As regards each of these subdivisions, study, *a.* The conditions; *b.* The concomitance.

6. LIPS, 1. Location; 2. Aspect; 3. Sensations; 4. Temperature; 5. Organic changes. Respecting each subdivision note, *a.* The conditions; *b.* The concomitance.

7. GUMS AND TEETH, 1. Location; 2. Sensations; 3. Organic changes. In reference to each subdivision note, *a.* The conditions; *b.* The concomitance.

8. MOUTH, 1. Location; 2. Sensations; 3. Organic changes. Of these, *a.* The conditions; *b.* Concomitance.

9. TASTE, 1. Deviation from normal state. *a.* Conditions; *b.* Concomitance.

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10. TONGUE, 1. Location; 2. Sensations; 3. Aspect; 4. Organic changes. Of these, *a.* The conditions; *b.* The concomitance.

11. THROAT AND FAUCES, 1. Location; 2. Sensations; 3. Aspect; 4. Organic changes (including tumefaction, secretion, deposits, etc.). Respecting these divisions, *a.* The conditions; *b.* The concomitance.

12. ŒSOPHAGUS, 1. Location; 2. Sensations; 3. Organic changes; 4. Special function. Of these, *a.* The conditions; *b.* The concomitance.

13. STOMACH, 1. Location; 2. Sensations; 3. Organic changes; 4. Special function modified, as respects, *a. Appetite; b. Thirst,* and these modifications may be exaltation, diminution or perversion; *c. Nausea; d. Vomiting.* Respecting these divisions and subdivision, observe, *a.* The conditions; *b.* The concomitance.

14. HYPOCHONDRIA, 1. Right, 2. Left. As regards each, study 1. Location; 2. Sensations; 3. Organic changes. As regards each subdivision observe, *a.* The conditions; *b.* The concomitance.

(Here and wherever the rubric comprises a region which contains a number of organs, endeavour to make by the aid of the sciences of Physiology and Pathology a rational appreciation of the organs involved, and in this study, pay especial regard to the concomitance, in order to gain the full physiological significance of the symptoms. For example, in affections of the right hypochondrium where the liver may be supposed to be implicated, the concomitance will justify the supposition if it show simultaneous and corresponding symptoms of the tongue, stomach, head, stool, skin, back, etc., etc. So of the left hypochondrium and the uterine system.)

15. ABDOMEN, 1. Location with appreciation of the organs involved; 2. Sensations; 3. Organic changes.—Respecting these divisions note, *a.* The conditions; *b.* The concomitance.

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HOMŒOPATHY THE SCIENCE OF THERAPEUTICS.

16. STOOL, 1, Sensations, their character, location and course. *a. Before* stool; *b. During* stool; *c. After* stool. As regards these three subdivisions note, *a.* The conditions; *b.* The concomitance. *2. Organic phenomena,* viz., colour, odour, consistence, composition, *e.g.*—digested or not—consisting of fæces alone or combined, etc.

17. ANUS AND RECTUM, 1. Location; 2. Sensations; 3. Organic changes (including secretions, tumors, condylomata, etc., etc.) Respecting all of these divisions note, *a.* The conditions; *b.* The concomitance.

18. URINARY ORGANS,

A. *Bladder.* 1. Location; 2. Sensations; 3. Organic changes.

B. *Urethra.* 1. Location; 2. Sensations; 3. Organic changes.

C. *Kidneys.* 1. Location; 2. Sensations; 3. Organic changes.

D. *Ureters.* 1. Location; 2. Sensations; 3. Organic changes.

With regard to all of these divisions, under each of these organs, study, *a.* The conditions; *b.* The concomitance.

E. *Urine.* 1. Quantity; 2. Colour—physical properties; 3. Odour; 4. Deposits.

F. *Micturition.* 1. Frequency; 2. Sensations. Note, *a.* Conditions; *b.* Concomitance.

19. GENITAL ORGANS—MALE,

A. *Penis.* 1. Location; 2. Sensations; 3. Organic changes.

B. *Testes.* 1. Location; 2. Sensations; 3. Organic changes.

C. *Special function.* 1. Modifications, as regards exaltations, diminution, or perversion; 2. Sensations.

Respecting these divisions and subdivisions study under each, *a.* The conditions; *b.* The concomitance.

D. *Secretion.* 1. Quantity; 2. Quality, admixture, etc; 3. Mode of evacuations. *a.* Conditions; *b.* Concomitance.

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20. GENITAL ORGANS—FEMALE,

A. *Vulva.* 1. Location; 2. Sensations; 3. Organic changes.

B. *Vagina.* 1. Location; 2. Sensations; 3. Organic changes; 4. Secretion, considered as regards, *a.* Character; *b.* Quantity; *c.* Colour.

C. *Uterus.* 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions considered as above.

D. *Ovaries.* 1. Sensations; 2. Organic changes. Under these divisions and subdivisions note, *a.* The conditions; *b.* The concomitance, attaching to each.

E. *Menstruation.* 1. Sensation; 2. Periodicity; 3. Quantity; 4. Colour; 5. Consistence; 6. Duration. Under these, *a.* The condition; *b.* The concomitance.

21. RESPIRATORY ORGANS,

A. *Nasal Mucous Membrane.* 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions, as regards quantity and quality. Respecting all these, *a.* The conditions; *b.* The concomitance.

B. *Larynx and Trachea.* 1. Location; 2. Sensations; 3. Organic changes; 4. Secretions as above. Respecting all these, *a.* The conditions; *b.* The concomitance.

1. Cough; *a.* Its sound; *b.* Its character, as paroxysmal or otherwise, dry or loose; *c.* Location of the sensation which provokes it; *d.* Conditions; *e.* Concomitance.

2. Sputa. 1. Character; 2. Consistence; 3. Colour; 4. Smell; 5. Taste; 6. Locality from which it appears to come; 7. Mode of evacuation; 8. Sensations which precede and follow its evacuation; 9. Conditions; 10. Concomitance.

C. *Thorax—Internal.* 1. Location; 2. Sensation; 3. Organic changes. *a.* Conditions; *b.* Concomitance.

— *External.* 1. Location; 2. Sensation; 3. Organic changes (including mammæ and nipples); 4. Secretions. Respecting the above, *a.* Conditions; *b.* Concomitance.

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D. *Respiration.* 1. Sensations; 2. Organic action; 3. Breath, its odour, temperature, volume. Regarding these, *a.* The conditions; *b.* Concomitance.

22. HEART,

A. *Subjective.* 1. Location; 2. Sensations.

B. *Objective.* 1. Location; 2. Organic changes as shown by position, sounds, magnitude and by rational signs; 3. Pulsation. Respecting these divisions, *a.* The conditions; *b.* The concomitance.

23. BACK, 1. Location, dividing the back into regions from below upwards and appreciating the organs and tissues involved, as well as the concomitance will admit; 2. Sensations; 3. Organic changes. Under these, *a.* Conditions; *b.* Concomitance.

24. UPPER EXTREMITIES—RIGHT AND LEFT. Respecting each study,

1. *Articulations.* 1. Location; 2. Sensations; 3. Organic changes.

2. *Interarticular Region.* 1. Locations; 2. Sensations; 3. Organic changes. Respecting all of these, *a.* Conditions; *b.* Concomitance.

25. LOWER EXTREMITIES—RIGHT AND LEFT. Studied in all respects as the Upper Extremities.

As regards the Extremities generally, note Sensations with their course (and Duration) if they be wandering, *e.g.*, from a right upper, to a left lower extremity, etc.

26. SLEEP, 1. Character; 2. Periods; 3. Preceded by; 4. Succeeded by; 5. Concomitance.

A. *Dreams.* 1. Conditions; 2. Concomitance.

27. FEVER, as a paroxysm made up of stages:

1. *Incomplete Paroxysm,* consisting of only one or of two stages. 1. Their order; 2. Relative severity and duration; 3. Antecedents; 4. Sequelæ; 5. Conditions; and, 6. Concomitants.

2. *Complete Paroxysm.* 1. Order of the stages; 2.

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Their relation to each other. Then consider the separate stages, *e.g.*,

a. Chill. 1. Character; 2. Precursor; 3. Succeeded by; *a.* Conditions; *b.* Concomitance.

b. Fever, as a single stage, or *Heat.* 1. Character; 2. Precursors; 3. Sequelæ. *a.* Condition; *b.* Concomitance.

c. Sweat. 1. Character; 2. Precursors; 3. Sequelæ. *a.* Conditions; *b.* Concomitance.

Between chill and heat and heat and sweat, study the

Interval. 1. Character; 2. Sensations; 3. Conditions; 4. Concomitance. Also the time

After the Paroxysm. 1. Sensations; 2. Conditions; 3. Concomitance.

Pulse. 1. Quality; 2. Frequency; 3. Conditions.

28. SKIN,

1. *General.* 1. Sensations; 2. Organic changes; 3. Conditions; 4. Concomitance.

2. *Special.* 1. Localities affected; 2. Sensations; 3. Organic changes; 4. Conditions; 5. Concomitance.

3. *Organic Changes.* Under this head are comprised

1. *Eruptions.* 1. Aspect; 2. Colour; 3. Sensations; 4. *Secretions.* *a.* Their colour; *b.* Consistence; *c.* Odour; *d.* Quality, *e.g.*, acrid or bland, etc.; 5. *Scabs.* *a.* Quality; *b.* Tenacity; *c.* Colour; *d.* Odour; *e.* Conditions of subjacent tissues or secretions.

2. *Ulcers.* To be studied as Eruptions.

3. *Warts.* „ „ „

4. *Tumors.* 1. Physical properties; 2. Sensations; 3. Conditions; 4. Concomitance.

29. MIND,

1. *Faculties Modified.* 1. Exalted; 2. Depressed; 3. Perverted. Under these, *a.* Conditions; *b.* Concomitance.

2. *Memory.* As under faculties.

30. DISPOSITION, 1. Quality; 2. Conditions; 3. Concomitance.

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THE PRESENT CONDITION OF MEDICAL SCIENCE IN THE ORTHODOX SCHOOLS.

"The revolt against dogmatic medicine was just and necessary. The maxim which it has introduced is neither true nor safe."

Lancet, Sept. 3, 1864.

PROFESSIONAL dignity frowns upon anything like a doubt of the philosophical truthfulness of the teaching and practice of medicine, which may happen, for the time, to be dominant. Changing, from time to time—contradicting to-day that which it asserted yesterday—it ever inconsistently assumes the airs of undoubted, incontestible scientific perfection. Woe to the troubler who ventures to doubt, or attempts to improve, too publicly.

Enlightened medical men, however, know and lament the unsoundness of medical science; grave confessions to this end are found in the writings of some of the profoundest thinkers in the allopathic school; but the dreaded penalty which is exacted from the heretic warns them to temper their zeal, and forbids them to leave the ranks of the majority.

A great portion of the non-professional world is unaware of the unsound and ever-changing character of old physic. It has been taught to believe that it is all that need be desired: scientific — philosophical — systematic — true. Hence, the medical men who venture to step out from the ranks of the adherents of so-called orthodox medicine, are regarded by society—to say the least of it—as troublesome, crochetty fellows—in a word, "humbugs." Society's medical man has so instructed society; and has clinched his lesson by demanding why these heretics, in their conceit should separate themselves from their fellows, and presume to be right, and their brethren wrong? Why, indeed!

A glimpse of the truth occasionally appears in the pages of the allopathic journals. This, however, depends upon

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circumstances. Is homœopathy to be denounced? or has some man spoken out too plainly? Then does the *Lancet* or *Medical Times* shew that, although time was when medical teaching was not all that it should be—that its practice was unsound and often dangerous—yet that within the last few years medicine and science had gone hand in hand, and were rapidly approaching the goal of perfection; that all who differed from the prevailing method must be quacks—and any thing else worse which the mind could imagine.

Occasionally, however, the truth comes out, and the *Lancet* or the *Medical Times* tells a sorrowful tale of the shortcomings of its "*perfect*" science. Thus the *Lancet* (Sept. 3rd), in a review of Dr. Churchill's work,* gives us its most recent impression of the unsatisfactory state of medical science in the following lines:—

"It is not, however, with the analysis of the clinical observations of Dr. Churchill that we shall now concern ourselves: the task of such an examination would be far too exacting of time and of the space which this journal can devote to reviews. We invite the attention of our readers to certain considerations which the author urges with great force in reply to the charge of *theorizing* that has been repeatedly made against him, and which sound the depths of an abyss of confusion and darkness that has engulfed whole legions of experimenters in therapeutics.

"The present century has witnessed a general revolt against the old dogmatic systems of medicine, and the establishment in high places of the maxim that 'observation is everything in science.' The revolt against dogmatic medicine was just and necessary. The maxim which it has introduced is neither true nor safe.

* *De la Cause immediate de la Phthisie Pulmonaire et des Maladies Tuberculeuses, et de leur Traitement Specifique par les Hypophosphites, d'après les principes de la Médicine Stœchiologique.* Par J. FRANCIS CHURCHILL, D.M.P. Deuxième Edition. Paris: Victor Masson et Fils.

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THE PRESENT CONDITION OF MEDICAL SCIENCE

"The students of every other science have long since learned that pure empirical observation can accomplish nothing of value; and that, in fact, observation is only useful in advancing knowledge when it is aided by the employment of the inventive faculty in the formation of hypotheses. But the students of medicine stand in the position—ludicrous to the bystanders and painful to their best friends—of affecting to make use of empiric observation only, and to discard theory altogether; and this attitude is especially assumed by inquirers in therapeutics. As might be expected, the issue of all this is the practical adoption of a theory or theories more complicated, more dogmatic, and more self-contradictory than Hippocrates himself could have propounded. If anyone desires an instance, let him take up any recent treatise on general therapeutics (e. g., Pereira, Headland), and attempt to seize the drift of the writer's idea on the classification of remedies.

"It comes to this, in short—that the freethinking of the present day on the subject of the use of remedies is, for the most part, not a pure and honest scepticism, but combines the confusion of an aimless empiricism with the positive assertions and the intolerance of dogmatism. Unfortunately these assertions are the echo of the worst and not the best dogmatic traditions. They embody phrases which (all unconsciously to their modern employers) have descended from the darkest periods of metaphysical biology; and it is needless to observe that where such phrases are employed in classification they produce the maximum of mischief. One has only to cite the application of the term 'irritant' to strychnia, in virtue of its power (*in poisonous doses*) to produce convulsions, to exemplify this confusion in the most striking manner; and the reader who will follow up the train of ideas which this example suggests will arrive at the conclusion, melancholy but inevitable, that a science of remedial actions worthy of the name does not exist.

"Dr. Churchill presents, in his introductory remarks, substantially the view which we have thus expressed, and which is the result of our own reflections pursued for a long time past. He demands that the cant of a profession of pure observation,

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IN THE ORTHODOX SCHOOLS.

so much affected by the schools of minute and dead-house pathology, may cease; and that men may be forced to open their eyes to the fact that no one is so hopelessly bound in the chains of tradition as the self-styled pure empiric, who will not, indeed, make any theories for himself, but simply takes them, when he is driven to seek their aid, at haphazard from the lumber-room of the past. He maintains, with justice, that what we absolutely require at the present moment is the formation of precise 'secondary theories' in order to a rational conduct of our investigations in practical medicine. It was the employment of just such an hypothesis which has conducted him to a practice which appears to have met with great success in his hands. Reviewing the facts, anatomical and chemical, which pathologists have noted in connexion with the history of phthisis, Dr. Churchill imagined that the essential cause of the disease must operate in that portion of the organism which unites all its parts and gives to it the true '*solidarité*' of organic life. It must, therefore, be in the blood, since this is the effective agent of organic unity. Again, all the symptoms of the disease seem to show that the blood-affection must consist rather in a deficiency than an excess of blood-materials. Further, it does not appear that any such deficiency has been noted in the organic elements of the blood which can be considered peculiar to this. The deficiency must, then, be in the inorganic constituents; and of these Dr. Churchill considered that the majority had been excluded, by the results of clinical experience, from any probable casual connexion with the disease, since their administration, though repeatedly employed, had failed to produce any such constant benefit as would point to the conclusion that they were *needed in the organism*. Arriving thus, by the way of exclusion, at *phosphorus* as the probable deficient organic element, the author was led, by considerations which we need not detail, to the choice of the hypophosphites of the alkalies as the most convenient, safe, and economical form in which that substance might be introduced to the economy.

"In our opinion the hypothesis of which Dr. Churchill has made use is none the less philosophical, nor the less likely to

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have led him to a correct *practice*, although it may be erroneous in some particulars, as indeed we think it is. He has seized on the central idea, which so much needs to be developed with regard to tuberculosis, that this disease must certainly lay hold primarily on that part of the organism which subserves the high purpose of *preserving its general organic unity.* This is his merit; the defect of his reasoning, we submit, is that he has not recognized the immense part which the nervous system plays in this great work, and the possibility that the molecular changes, which are the point of departure in the disease, commence in that system. Experience is every day demonstrating the value of phosphorus, administered in the form of the alkaline hypophosphites, in the treatment of nervous dyscrasiæ. It may hereafter prove, perhaps, that the beneficial influence of the hypophosphites in phthisis is due, at least in great part, to their favourable action on the nutrition of the nervous system.

"One thing we must protest against, and that is the fanaticism of belief in his own remedy which leads Dr. Churchill to undervalue the action of cod-liver oil and sundry other animal fats which experience has so widely approved. We would remind the author of the impossibility of determining at present whether these remedies may not often effect precisely the kind of molecular changes in which the true essence of a 'specific' curative action lies. It may well be that instead of one 'specific' remedy for phthisis there may be two or three, corresponding to a like variety of deficiencies in the nutrition of that part of the organism in which the malady really commences."

ACUTE PLEURISY—HYDROTHORAX—TAPPING—DEATH.

By Dr. Moore.

On August 21st, 1864, Mrs. W., aged 29, the wife of a baker and shopkeeper, came under my treatment. The following particulars of her case were obtained on enquiry and examination.

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ACUTE PLEURISY—HYDROTHORAX—TAPPING—DEATH.

History.—Her father has had chronic bronchitis for some years; her mother is advanced in years and in good health; one sister is delicate, and the other is in consumption. The shop and premises are badly built, draughty, and the lower floor damp and paved with tiles. Up to twelve months ago patient enjoyed good health. At that time she took "cold," followed by cough and expectoration. Since then she has had repeated attacks of "cold." About the middle of last March, being pregnant at the time, she was so ill that she was obliged to remain in bed for three weeks; she had a bad cough, wheezing, frothy and blood-streaked phlegm, and the medical man in attendance said she had bronchitis. She has never thoroughly got over this attack—never regained her former strength, nor been quite free from cough. At the beginning of April she was attacked with severe pain in the bowels and purging. The doctor gave her some medicine, and a few days afterwards told her it was necessary to bring on labour, and gave her some drugs to effect this object. Three days afterwards labour began, and the child was born naturally in eight hours. She remained in a weak state, and although not much emaciated, was thinner than formerly. She had very little milk, and the child soon died from wasting. The cough and expectoration still continuing, she went a fortnight since to consult a country doctor, ten miles off. The weather was damp and raw, and when she returned home she was suddenly seized with a dull shooting pain in the front of the chest, between the sternum and the left mamma; the pain was worse when she breathed full and coughed. The breathing was quickened, and the chest oppressed. Does not remember having had rigors. Another surgeon was called in who leeched the chest, gave medicine that induced salivation, and subsequently applied large blisters on the anterior and posterior surfaces

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ACUTE PLEURISY—HYDROTHORAX—TAPPING—DEATH.

of the chest. A consultation was held with one of the physicians to the N. S. Infirmary; he approved of what had been done, and spoke hopefully of recovery. The patient, however, has been steadily getting worse, and like many others *in extremis*, is now anxious to try homœopathy.

Present Symptoms.—Pulse 120, and weak; respiration 48; respiration-pulse ratio as 1 to 2½; respiration laboured, sighing, and occasionally attended with sensations of suffocation; she cannot lie down; she has been propped up in bed for several days, and is so now; the difficulty and the distress of breathing are sometimes much increased, caused as the patient thinks by accumulation of wind in stomach; when speaking the voice is low, and she has to stop every few seconds for want of breath. Has no pain in chest; coughs occasionally; no expectoration. She dozes a little every now and then, but has had no sound sleep for about ten days. There is a crimson patch on the right cheek; elsewhere the skin is moist and not hot. A little beef-tea is taken; the bowels are slightly relieved every day; very little water is passed.

On the left side there is dead dulness on percussion over its entire extent, anteriorly and posteriorly; on the right side the resonance is natural. The left side is almost motionless; there is no distinct intercostal bulging; no comparative measurement made of sides: the blistering in front and behind makes examination very painful. On the right side the respiratory murmur is increased in intensity, and mixed here and there with sibilant râles. On the left, in front, nothing is heard; behind, there is bronchial breathing and bronchial voice. The heart is pushed out of its proper place, and is best heard behind and to the right of sternum; its sounds are clear, near, and in all respects natural in character. The abdomen is very considerably enlarged, and is tympanitic on percussion.

The case was made out to be one of acute pleurisy

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followed by effusion, occurring in a subject broken down by chronic bronchitis and general debility. Water in the chest is a common sequel of pleurisy in such circumstances, and physicians of the Bennett school would not hesitate to blame the bleeding and mercurialization* as having a not unimportant share in contributing to such a result in this particular instance.

I gave a very guarded prognosis, and suggested tapping in the event of there being no decided change for the better in a few hours. This suggestion was unfavourably received by the patient's friends, who were averse to operative means. To have *arsen.* 1 every two hours.

Progress of the Case.—On the 22nd the patient is in much the same state—certainly no worse. The breathing is perhaps less frequent and laboured, and a better night has been passed. The flatulence is very troublesome. To continue the *arsen.*, and take a pilule of *nux mosch.* occasionally. On the 23rd the patient feels refreshed, after a better night than she has had for some time; pulse and respiration unaltered; urine increased; face and lips pale, but not livid; when dozing lies towards left side, but cannot be recumbent. To have *arsen.* and *apis.* Five hours after the evening visit, at 2 o'clock in the morning,

* In relation to this case, the following comments by Dr. Bennett, on a case of chronic pleurisy, are worth reproducing. At page 651 of his *Principles and Practice of Medicine*, he says: "Seeing the slow progress of the case, and the indisposition the exudation exhibited to be absorbed, mercury was tried, and salivation maintained for ten days. At this time, such was the state of discomfort it produced, so thoroughly did it destroy the appetite and thereby diminish the vital powers, that it was discontinued. So far from causing absorption, the action of the drug not only failed to do so, but pleurisy on the opposite side actually developed itself while the system was under its influence. Surely facts of this kind ought to disabuse medical men of the notion, still very prevalent, of the power of the drug in causing absorption of an exudation." So much for the *abuse* of mercury.

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ACUTE PLEURISY—HYDROTHORAX—TAPPING—DEATH.

I was sent for. It appeared that the breathing became so much worse at 12, that the attendants thought she would be suffocated. She was found lying huddled up in bed on her left side, breathing quickly and most laboriously; she was semi-unconscious; the skin cold and clammy. In spite of the husband's reluctance, I now insisted upon tapping, Mr. Atherton concurring in its necessity, and the patient's relations giving their consent. She was propped up in bed and laid on her back. Counting downwards, the space between the 6th and 7th rib was made out, and a tentative exploration performed by inserting a grooved needle in that interspace, midway between the sternum and spinal column. A small jet of fluid spouted out. The ordinary hydrocele trocar was then put in through the same opening, and over eight pints of clear, straw-coloured fluid evacuated, at intervals. A compress and strapping were then applied; no air entered the pleural cavity. The breathing improved in depth and decreased in frequency, but the patient, although at first able to return a faint answer to a question, never rallied, and in spite of stimulants freely administered and the assiduous application of warmth, gradually sank, and expired four hours after the operation. No *post mortem* was allowed.

The result might have been different, had the tapping been resorted to earlier; but as it was, the operation verified the diagnosis, and exhausted the resources of art.

Of paracentesis thoracis, Dr. Aiken, in his *Science and Practice of Medicine,* Vol. II., page 800, thus writes: "As a means of relieving the chest in chronic pleurisy and empyema, the operation is a useful one, and the practical question is as to the time when the operation should be performed. The condition of the patient's health and respiration, and the absorption or non-absorption of the effused fluid, are the aids to a decision for or against the performance of the operation. As long, writes

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Dr. Fuller, as the breathing is not seriously embarrassed and the general health does not decline, so long are we justified in making full trial of our remedies. But as soon as extreme shortness and distress of breathing, or lividity and anxiety of the countenance, denotes serious interference with the functions of life, delay is no longer justifiable, and it becomes our duty at once to give our patient the chance which the operation affords."

REVIEW.

Annals of the British Homœopathic Society. London: Leath & Co. September 1864.

The number of the *Annals* before us is one replete with interest. Its contents are three original papers, with full reports of the discussion excited by each; several cases, under the care of Mr. Yeldham, treated with medicines of the 200th degree of dilution; and a very important resolution of the Society, expressing its sense of the impropriety of meeting in consultation, or in any way recognising the professional status of unqualified, uneducated pretenders to the position of medical men.

The first two articles are from Dr. Drysdale and Dr. Black, physicians whose well-known and equally well-earned reputations ensure a willing attention to anything they write, from every homœopathic practitioner, not only in England, but in all countries where homœopathic literature is studied.

Dr. Drysdale analyses, with much force and sound reasoning, the grounds upon which the prescribing of medicines in alternation may be defended. In the early history of homœopathy, the absolute necessity of giving only one medicine at a time, and allowing one dose of that to "exhaust its energy" before prescribing a second, was rigidly enforced.

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REVIEW.

It is well known that, in England at any rate, this rule no longer possesses the confidence of the majority of practitioners. Great doubt is felt as to the length of time one medicine will act. Because symptoms produced during a proving in a healthy person remained for a certain period after a dose of a drug had been taken, it does not follow that in a diseased state, and where the dose exhibited is so much smaller than that used in the proving, its action will endure for an equal length of time. The conditions under which the medicine is employed are different. And, as a practical illustration of the advantage of frequent repetition, how often do we hear patients remark on the improvement felt in their health after every dose. This is especially the case in acute diseases, and has undoubtedly led practitioners to disregard the injunction against repeating a medicine until a period has elapsed equal to that during which the symptoms produced by it remained more or less perceptible to the prover. As medicines are given more frequently than formerly, so are they now, very generally, we might almost say, given in alternation.

Dr. Drysdale does not write as an advocate of the general alternation of medicines; on the contrary, he entirely disclaims any such intention. And with the view of clearly defining his position, he says:—

"I am not prepared to deny that in many cases, perhaps even the majority, it is a mere abuse; and I think even after all that might be said in its favour, it should not be considered as a practice standing on an equal footing with the rule of giving one medicine at a time, but can be admitted as an exceptional principle only."

The propriety of alternating medicines, Dr. Drysdale derives chiefly from the frequently complicated nature of disease, and the need which often exists to rouse the

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susceptibility of the organism to the action of remedies. The former principle is very clearly illustrated, and the author remarks that it may

"happen that more than one of the pathological centres of the concrete disease may be too important to brook delay, and therefore, if there is otherwise no counteracting objection, the simultaneous use of two homœopathic medicines in alternation may greatly add to our power of controlling disease, and perfecting the practice of homœopathy. This I believe does occur not unfrequently in practice; and by the exercise of skill in knowledge of disease, to distinguish the points most important to treat first, and in knowledge of the mutual relation of medicines, great benefit may be derived from alternation."

The argument upon which Dr. Drysdale bases the theory, that the susceptibility of the organism to the specific action of a medicine is increased by alternating two similarly acting remedies, is very clearly stated, and we quote it unabridged:—

"Our real knowledge of the action of antidotes is still vague and imperfect. In reasoning on the matter we can at first sight imagine only two kinds of antidote—first, those antidotes which simply remove the cause by chemically neutralising it, and evacuants which hasten the expulsion of the actual poison; secondly, various remedies, which by our knowledge of the homœopathic law, can only be other medicines or poisons, in fact, similar to the first. How then can camphor, wine, coffee, etc., be antidotes? It is quite evident that if we admit the possibility of antidotes to the dynamic effects of medicines other than homœopathic, we strike at the root of the whole homœopathic law and practice. If we can get a substance like camphor, that will stop the dynamic effects of medicines that have no homœopathic relation to itself, why should we not get similar remedies for all epidemic and miasmatic diseases? In that case what becomes of homœopathy and all our careful provings, if we are to go back to the old vague notions of specifics that will

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simply stop diseases we know not why or wherefore? We are here in a difficulty; and the only solution I can find for it is, that those things such as camphor, coffee, &c. have no power of stopping or curing dynamic action of heterogeneous drugs, but that they act by blunting the susceptibility of the organism to all impressions, and therefore they prevent many of the finer actions of medicines from taking effect and beginning at all; but when they fail to do that they have no effect. Now while heterogeneous medicines like the above cannot stop dynamic action at all, and only act against it by extinguishing the susceptibility in general, the action of similar or homœopathic medicines must be the opposite—*i.e.*, they can stop or cure the dynamic action—while their effect on the susceptibility must be to increase it, for the same reason that in natural disease the susceptibility to the homœopathic remedy is increased, giving ground for the action of infinitesimal doses.

"A singularly apposite illustration of this is found in the physiological action of colours on the retina. By looking intently for a time on a red surface, the susceptibility of the retina becomes exhausted and the red colour gradually fades away; but, at the same time, the subjective complementary colour, green, becomes more and more intense. If the eye be now turned on an objective green surface, the green colour is first increased in intensity and then extinguished.* This process gives us, by analogy, an example of the production of disease—the exaltation of susceptibility to a similar exciting cause, and a homœopathic cure. Now the specific susceptibility to the action of specific stimuli, which constitute our medicines, is a very delicate thing, and is the basis of the greater part of homœopathic cures; that is to say, the specific susceptibility, in contradistinction to general susceptibility. For example, the susceptibility of the healthy stomach is always present to the nauseant action of ipecacuanha, and by regulating the dose we can always produce it; while, on the other hand, many of the febrile symptoms, and other more peculiar actions of that drug

* Arnold, *Idiopathische Heilverfahren*, p. 294.

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cannot be produced at all in the healthy body, and will only appear in a limited number of persons who happen to have the susceptibility developed. In disease we generally find that the susceptibility to the homœopathic remedy is present from the nature of the case, and our great object should be to manage the doses and repetitions so that it shall not be exhausted before the natural period essential for the cure. This, unfortunately, however, not unfrequently happens in spite of varying the dilutions or originally having chosen the best. In this case the plan has been adopted of interposing doses of another remedy as nearly as possible homœopathic to the case. This must of course be an antidote; but, as in the case of natural disease, it may tend to revive the susceptibility to the first remedy, and this is I believe what usually takes place. In fact, in those cases in which it is found advantageous to alternate two medicines, both homœopathic to the disease, it is seldom that any antidotal action takes place; but the action of the dose of one medicine is being exhausted when the second medicine is given, which carries on the case and revives the susceptibility to the first."

The objections commonly urged against alternation are two: 1st, that it is practically a return to polypharmacy—to mixed prescriptions. In reply to this, Dr. Drysdale says that the real objection to mixing is that

"we have no grounds for believing that the mixture of two or more medicines will yield a product representing the combined virtues of the simple medicines of which it is composed."

Alternation is not mixing at all, for

"to say that two medicines given separately at an interval long enough to allow them to take effect at all, combine with or counteract each other's effects, is an assumption of which we have as yet no proof, and which on closer consideration appears somewhat inconsistent with the known laws of the action of medicines, and, of course, of disease."

The other objection is, that it vitiates the results of

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experience; that when two medicines have been given alternately, it is impossible to derive any instruction from the progress of the case as to the influence of the medicine employed. The reply to this is simply that such a consequence is inevitable.

That alternation is practised with success, that it is indeed necessary in many cases, though far from being desirable in the majority, must we think be admitted. At the same time its abuse must be carefully guarded against. It is its abuse that prejudices many against it. With a single sentence on this point, Dr. Drysdale concludes his paper. He says:—

"Finally, the liability to abuse of the practice of alternation is granted to its fullest extent. But it is only to that peculiar class of minds which would abolish a good thing because of its abuse, that this would be an argument for its abandonment; to others it is only an additional motive for self-restraint and circumspection."

The papers published in the *Annals* have their interest much enhanced by the full reports of the discussions following them. In this instance they are especially so. Dr. Quin, whose large acquaintance with homœopathic practitioners not only in England but on the Continent, as well as his own long, extensive and well-matured experience in the treatment of disease, render his opinions of the highest value, earnestly and almost enthusiastically advocates the Hahnemannic practice of giving only one medicine at a time. He expresses himself as favourable to, in rare instances, giving an intercurrent dose of a palliative; and in some forms of neuralgia has found alternation of two medicines more successful than sole reliance on one. He thinks alternation calculated to lead to "slovenly and slipshod practice." Mr. Yeldham also opposed alternation, though in some instances he practised

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it. Dr. Metcalf, Mr. Reynolds and Dr. Chepmell spoke favourably of the practice; Dr. Drury was opposed to it. Mr. Harman Smith, though theoretically opposed to it, practically availed himself of it. Dr. Hale acknowledged its occasional necessity, though he objected to making alternation anything like a rule. Dr. Russell's speech in defence and explanation of alternation is very interesting, and we wish our space admitted of its reproduction. In the remark of Dr. Chapman—that "it is most certain that the most satisfactory cures are those made with one medicine but the logic of facts shews, that in our present knowledge we cannot as a rule treat disease, whether acute or chronic, with one drug only"—lies the pith of the whole discussion as well as the practical conclusion of the large majority of homœopathic practitioners. Dr. Drysdale has in this essay explained in a very satisfactory manner the action of alternating medicines, and has placed the practice of so doing on a clearer footing than it has hitherto occupied.

Dr. Black's paper on "The Symptoms of Cerebral Diseases," is the work of one of the best educated and most thoughtful members of the profession practising homœopathically. Dr. Black has more than once contributed valuable papers to the *British Journal of Homœopathy* on cerebral disease; and his present contribution to our knowledge of this obscure and interesting class of morbid derangements is thoroughly practical and instructive. He urges the great, the vital importance of studying the mutual relations of all symptoms; of estimating disease by the totality of the symptoms or phenomena. The well-known connection between cerebral and gastric symptoms powerfully enforces the truth of his injunctions. In considering the various symptoms of cerebral disease, Dr. Black draws attention to acute meningitis; to hydro-

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cephalus—pointing out its diagnosis from irritation of the mucous membrane of the intestinal tube; and here he alludes to the importance of an irregular pulse with sighing respiration as elements in arriving at a diagnosis;—to morbid conditions of the brain during the climacteric period—to those produced by depressing agencies—and lastly, to some forms of paralysis. The various diseases commented on are illustrated by striking and apposite cases. The great importance of studying disease as it occurs at the bedside, and not as drug-diseases are represented in the details of medicinal symptoms, is well shown by one case, which, as a warning to those who think that with Jahr's *Manual* at hand they may afford to neglect the study of pathology, we will quote:—

"The patient, an old man, had long suffered from bronchitis, but the occurrence of obstinate vomiting led to my being called in. On examining the patient I was struck by his anæmic appearance; his drowsy, heavy look; his feeble, irregular pulse; his weak, dilated heart. These symptoms, together with slight œdema of the legs, led me to suspect kidney disease; and this suspicion was confirmed by an examination of the urine. It was evident that the patient was beyond the reach of medicine; next day epileptiform convulsions set in, and in twenty-four hours after their appearance he died comatose. The physician in attendance had carefully watched the case, but committed a grave error in diagnosis because he always took the *Materia Medica Pura* as the stand-point from which to examine disease. Headache, vomiting and cough, with minor symptoms, was the group for which he diligently searched; but the heart and urinary symptoms in Hahnemann's Materia Medica are so imperfectly and so unscientifically catalogued, that the mistake made in overlooking the diseased heart and the impaired kidneys is not to be wondered at.

"Such errors must occur in the practice of those who mechanically work in this manner, making up pictures of disease

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from the schema of the *Materia Medica*, instead of first using the aids of physiology and pathology to arrange the patient's symptoms in due sequence and connection.

"This peculiarity is fortunately dying out; it is an attempt to copy Hahnemann, but a poor one, and like all copies it wants the genius of the original; he acquired his knowledge and acute perception of disease in a different way, and with that knowledge his schema was not the quagmire it is to many."

We have not space to comment on the interesting remarks made by Drs. Drury, Wyld, Kidd, Russell and Chapman, and Mr. Harmar Smith, on the conclusion of the paper; nor indeed on the able *resumé* of the present state of our knowledge of diabetes, contributed by Dr. Neatby.

A very important resolution was, however, passed at the Annual Meeting, which, having our fullest sanction, we cannot omit. It is as follows:—

"That this Society disapproves of its members meeting in consultation, and generally recognising as professional colleagues, practitioners who are known to have no recognised medical degree or diploma, obtained after a proper curriculum of study, and after having passed an examination."

In the present state of homœopathy, when the public are so much in advance of the profession in estimating its value, the temptation to uneducated adventurers to hold themselves forth as medical men is great. It is well that our chief medical society has spoken out upon the matter; and better still that it should have done so in so decided and judicious a manner. It is our duty to prevent, as far as we can, homœopathy being professionally represented by those who have given no proof of their medical capacity.

We heartily commend the *Annals* to our readers' attentive perusal: it is a production creditable alike to the Society from which it emanates and to the science of therapeutics represented by that Society.

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SANATORIUM FOR CHILDREN, SOUTHPORT.

This Institution was projected by Dr. Blumberg for the benefit of poor children, either suffering from some of the forms of scrofulous disease or convalescent from other illnesses. To such the advantages of sea-air and bathing, residence in a clean house, and regular and suitable feeding, would, it was thought, prove very conducive to a perfect restoration. Funds were collected, and a cottage was temporarily occupied from October 1st, 1861, to August 30th, 1862, during which time 22 children were admitted, suffering mostly from scrofulous diseases of the glands and bones. The premises being found inconvenient, the attempt to carry on the Institution was abandoned, and funds were collected in order to raise a building in which the object of the Institution could be properly carried out. On Dr. Blumberg's retirement from Southport a Committee was formed, and the funds of the Institution were formally vested in them at a public meeting held in the Town Hall in February, 1863. These funds being insufficient to justify the commencement of building operations, the Institution remained dormant until the spring of this year, when the Misses Marriott, in a spirit of large-hearted charity, offered to the Committee to set the Institution going and keep it up at their own risk if they might be assisted by a grant from the Committee's funds. A grant of the interest of the capital in hand was made, and the ladies took a house, furnished it, and by their own efforts and the help of their friends got the Sanatorium opened.

Since April 2nd we have received 43 cases, chiefly of scrofulous disease: amongst which have been one of phthisis, four of hip-joint disease, 11 cases of glandular and skin disease, and one of rickets. The period of residence has been from three to six months, and although from the nature of the cases cures could not be expected, the amount of benefit received by the patients was very

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striking; and so far fully warrants the confident belief that extended means would enable us to achieve excellent results. The general health in all the cases was much improved, and the influence of sea-air and of bathing, with better quality of food and regular living, was strikingly apparent.

It is highly desirable that the Committee should possess a building wherein the proper hygienic and medical treatment of poor children could be efficiently carried out, but the funds in hand, about £800, do not warrant them in beginning to build. The house at present occupied as a Sanatorium can only accommodate a dozen patients conveniently, and is of course deficient in necessary appliances.

The patients are admitted on payment of 5s. each per week, and enjoy the comforts of a cleanly, orderly home, good living, and medical attendance. Convalescents from fevers, pulmonary diseases, or acute maladies of any kind, are here quickly restored to health, the dry, salubrious air of Southport being famed for its restorative and invigorating qualities.

[We earnestly call the attention of our readers to the foregoing Report of the Sanatorium for Children. The great advantages of such an Institution are evident, and we trust that our medical brethren will use their influence among their patients to obtain that support which the benevolent founder had a right to anticipate.

One of the medical officers writes to us: "We want help in many ways: *first*, the help of the press to make our Sanatorium known; *second*, the sympathy of the benevolent; *third*, their money; *fourth*, their active co-operation in the furtherance of the establishment on a permanent footing. We want £2000 to build a good house, and we want people to know this.

We heartily wish the Sanatorium success.—Ed. *H. R.*]

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THE LEGAL POSITION AND RIGHTS OF HOMŒOPATHIC PRACTITIONERS OF PHYSIC.

By Wm. Freeman,
Surgeon to the Cambridgeshire Dispensary.

Some statements relating to the legal position of homœopathic practitioners in this country, contained in a paper published in the August number of this Journal by Dr. Eadon, have doubtless caused much surprise to many of its readers.

Dr. Eadon seems to have failed in acquiring any accurate knowledge of the provisions of the law on this subject. Possibly others, both of the homœopathic part of the profession and of the general public, may have equally incorrect ideas upon the question; and so the Doctor's plan (unimportant while that of a single man, but likely to do great injury to the interests of the profession if adopted by any considerable number of persons) might possibly be carried out.

To avoid the chance of any such disastrous step being taken, it seems advisable to lay down plainly the *true* legal position of homœopathic practitioners.

The law separates all practitioners of physic into "*registered*," that is, *legal* practitioners, and "*unregistered*," that is, *illegal* practitioners.

Every unregistered practitioner is an illegal one—is unrecognised and entirely without legal rights so far as physic is concerned; and that without any regard to what *theory* may guide his practice. If the President of the College of Physicians were "unregistered," he would be an "illegal" and "unrecognised" practitioner, and would not have the right even to be a parish doctor.

On the other hand, every "*registered*" practitioner is a "legal" and "recognised" one, without any regard to the *theory* which guides his practice. He may be a homœopath, an allopath, a Coffinite, or a spirit-rapper;

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the law knows no difference; and being registered, he has every legal right, and may hold every public medical appointment without regard to his professional opinions.

Again, the same Act of Parliament which established this law also provided, intentionally, that nobody should be rejected by any public medical examining body on the ground of his professional opinions. The Act provided a very severe penalty for the breach of this provision—namely, the offending examining body loses its power of granting diplomas entitling those it examines to be registered. In effect, the Act says, "You shall not do this wrong twice."

The result of this state of the law is:

That all homœopathic practitioners on the Register have the *same rights* as allopaths;

That every man who passes his examination by a recognised body is entitled of *right* to be put upon the Register on payment of a fee of £5;

That all homœopathic students can take their examination without fear of being rejected because they are homœopaths;

That they have to give no pledge, either expressed or implied, on the question of homœopathy.

These rights we have are all the allopaths have; we cannot petition Parliament for *more* than is given to others.

But Dr. Eadon may say, "A right may exist and yet it may be impossible to exercise it."

How does it stand with us? In point of fact, our students are *not* rejected by the examining boards on account of homœopathy. The College of Surgeons, even before the alteration of the law, refused to reject men on this ground when pressed to do so. The other corporations have quietly yielded to the law; even the Irish College of Physicians fears suspension.

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No doubt cases of rejection have occurred, but they were not common, and they do not happen now.

Dr. Sharpey once told the writer of an homœopathic student rejected by the London University some six or seven years ago. "He gave the dose of *tartar emetic* as" (a Wilsonite fraction of a grain was named) "and we could not pass a man who thought *that* was the dose." The man was bound to know the allopathic dose; and ordinary tact should have made him write it and give his own view (as such) afterward.

The professor was right in rejecting him, for *savoir faire* is as necessary as anatomy to make a good physician.

Public appointments are in fact held by homœopathic practitioners: Dr. Wylde of Winchester is a poor-law surgeon; there is a second in another part of England, and there may be a third before long: an important appointment in the Public Health department at Calcutta has just been conferred on a homœopathic physician by Sir John Lawrence, the Governor-General.

Hence it appears that both in right and in fact we stand on the same ground with all other registered practitioners.

Dr. Eadon says a word about persons with foreign diplomas which they cannot register. Now foreigu diplomas may be divided into three classes.

First. Those which are simply bought for money: of course these have no claim to be registered.

Second. Those obtained by actual examination *since* the Medical Act was passed: these also have no claim to be registered, because they are attemps to evade the law requiring examination by a *British* authority.

Third. The same kind of diploma obtained *before* the Medical Act was passed. Now this class *can* be registered if the holder can prove a *real* examination.

All the homœopathic practitioners with foreign diplomas come under one of these three classes. The *third* class

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can register already; but those who have *bought* their diplomas, or tried to *evade the law*, have no right to expect the law to be altered for their convenience. These last gentlemen will find it conduce much more to their interest to undergo examination by some authorised body, than to try to worry Parliament into constituting an unnecessary examining body. One remark more. Would it not have been better if Dr. Eadon had privately taken the opinion of some of the leading men in our branch of the profession, before publishing his "Appeal." Had he done so, we might have been spared the pain of receiving an "Appeal" to induce us to make a general confession of illegitimacy.

DIFFERENTIAL DIAGNOSIS OF DIPHTHERIA.

THE following analysis of the distinctive differences between diphtheria and some of the forms of throat disease, is taken from the very valuable course of lectures delivered a short time ago in Hahnemann Medical College, Chicago, by our esteemed colleague Dr. Ludlam, and now published in a pamphlet form.*

The diseases between whose symptoms and those of diphtheria, Dr. Ludlam points out the pathological difference are:

1. Croup. 2. Scarlatina maligna. 3. Gangrenous pharyngitis.

"1. CROUP.—You are doubtless aware that distinguished authorities, among whom are Bretonneau, Trousseau, West, and others, believe these affections are identical. The general points of difference between the diphtheria maligna and pseudo-membranous croup, concern the mode

* *A Course of Clinical Lectures on Diphtheria: delivered before the Class of Hahnemann Medical College, Chicago, Session* 1862-3. By R. LUDLAM, M.D., Professor of Physiology, Pathology, and Clinical Medicine. Chicago: C. S. Halsey, 136 Clark Street. pp. 126.

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and manner of attack, the symptoms of its more active stage, and the sequelæ.

"Both diseases are, in a great majority of cases, idiopathic. But while the croup sets in abruptly, without anginose symptoms, as œdema of the tonsils, a partial obstruction of the guttural cavity, discoloration of the mucous membrane lining the throat and fauces, with difficulty of swallowing, or a burning heat of the skin and delirium, these are the very symptoms which mark the advent of an attack of diphtheria. Most authorities locate the commencement of the croupal lesion in the larynx and trachea. But Bretonneau, Guersant and Trousseau affirm that, in the generality of cases, it commences in the pharynx, and finally invades the vocal organ proper. It appears certain, however, that the mode of attack in the two diseases is different. A child having retired to rest in perfect health, will be seized with the croup in the middle of the night. You may examine the fauces and pharynx never so closely, but will find no evidence of capillary engorgement in the faucial or pharyngeal mucous membrane.

"In the diphtheria, if the throat symptoms are present at all in its earlier stages, you will discover some evidence of a local inflammation. We do not look for a patch upon the tonsils as a characteristic of the membranous croup. Croup very rarely, almost never, commences with epigastric uneasiness, vomiting or diarrhœa. The converse of this is true of the diphtheria. There is not a symptom of the croup, which pertains to the manner of its coming, that does not lead one to regard it in the light of a local affection, which, from deranging the function of the very gateway to the respiratory system, may hazard the welfare of the organism in a secondary manner. The throat and faucial affection in diphtheria are, as it were, engrafted upon a proper constitutional disorder, the local unfolding of a general derangement.

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"Let me illustrate the fact, that, in many examples of the diphtheria, the larynx and trachea are only reached by the exudation after the disease has made considerable progress.

"*Case.*—Lulu B., aged 5½ years, a playmate of little Eva R., whose symptoms were narrated in my first lecture, and who, *en passant*, has convalesced with slight faucial paralysis, was seized with a violent fever, and an excruciating pain in the left tonsil and submaxillary region.

"January 14th.—The fever caused her to be delirious, and the pain was so very acute that she could not tolerate the least motion. The swelling was inconsiderable. Internally, both tonsils were enlarged, and the left one shewed a patch of false membrane of the size of a dime. Deglutition not very difficult; skin hot and dry; urine free in amount, but highly colored. The next day, the left tonsil was covered, as with a cap of the diphtheritic deposit, and signs of the exudation were visible upon the right one. A thin but acrid saliva flowed from the mouth. Mind clear; is interested in objects around, the school children, etc. The third day, pain in the neck greatly relieved, but both tonsils are completely enveloped. Other symptoms the same. Ate a little plain custard, and drank some milk. The fourth day she coughed up the coating from the left tonsil, a specimen of which deposit I am prepared to show you in the field of the microscope at the close of the lecture. The exudation upon the right one is thinner, and shrivelled. No new deposit anywhere within sight. Patient seems convalescent. Family, and all interested, much encouraged. The fifth day, the little pet has a croupy cough, sibilant respiration, and her complexion has changed. Lips look purplish; expression anxious and imploring; throws herself about in bed: springs up suddenly, at intervals, in order to catch her breath. Is

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sleepy, comatose, indifferent; urine retained for twelve hours, and albuminous. Pulse weak and irritable. In the evening, respiration croupy and sawing. These symptoms increased, the exudation extending to the lungs, and she died, in a comatose state, from pulmonary congestion, on the night of the sixth day.

"Again, attacks of croup, in those who are predisposed thereto, may result at any time from wet feet, a sudden suppression of the sensible perspiration, or so slight a cause as sitting for a brief interval in a current of cool air. These trivial contingencies, which cluster about the era of childhood, seem never to be sufficient to produce an attack of genuine diphtheria. A specific cause is requisite for this purpose. It must enter the circulation as a specific nidus, which is afterwards to develope its own legitimate fruits. For this latter reason, the diphtheria prevails as an epidemic, while the croup does not. We say of a child, that he is congenitally predisposed to the croup; but we cannot know, beforehand, whether he is or is not susceptible to the action of the specific invisible diphtheritic cause. When the weather is damp and foggy, as in this city at the present time, cases of catarrhal croup occur so frequently as to call a physician from his bed, it may be, each night in the week. These cases are not to be mistaken for diphtheria.

"The pseudo-membranous form of croup, is a much more rare and dangerous variety of the disease. But, I apprehend, the diagnosis between this and the diphtheria is equally distinct. In the first place, it is so seldom witnessed, that some physicians of enlarged experience have not been called upon to treat more than a very few examples of it. It is a local affection, which is confined to the larynx and trachea—is not infectious, neither malignant in its nature, and varies in its more characteristic symptoms and sequelæ from diphtheria.

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DIFFERENTIAL DIAGNOSIS OF DIPHTHERIA.

"The dyspnœa in croup is paroxysmal, and invariably worse at night. There is a true spasm of the laryngeal and tracheal muscular fibres. At intervals, the patient breathes almost naturally. In a few moments, especially if permitted to sleep, he is in a fit of suffocation again, which, by-and-by, alternates with relative repose. The ease and freedom of the respiratory movements in diphtheria, vary considerably at intervals; but these intervals occur irregularly during the day, as well as at night, and the relief afforded by them is less marked than in the case of croup.

"There is no eruption in croup—no acrid coryza, no especial liability to hemorrhages from the mucous membranes, no purpura, no alimentary disorder, and, excepting in very rare cases, no albuminuria. The glands about the neck are not swollen, and paralytic sequelæ are almost unknown as a result of this disease.

"The true croup has never been communicated by inoculation upon mucous or abraded surfaces, as has the diphtheria. No one speaks of croupal deposits in the right side of the heart, upon the alimentary or uterine mucous membrane, or upon the surface of ulcerated or wounded cutaneous integument. Such peculiarities of the diphtheritic deposition are by no means rare.

"I have said the croup was never epidemic. This remark needs qualification. There is a form of this disease which sometimes prevails, and with alarming fatality, in certain neighbourhoods. There seems but little doubt that examples of this kind consist, essentially, of a complication of diphtheria and croup. The diphtheritic exudation, contrary to its more usual course, appears first upon the lining membrane of the larynx and trachea. All the more violent characteristics of malignant diphtheria, excepting only the lesion in the throat proper are present. The exudation occurs, and its organization into a pseudo-

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membrane is effected upon a surface in which it at once occasions croupal symptoms. Diphtheritic concretions may be present upon the lips of the glottis, producing more or less of asphyxia. The timbre or tone of the voice is altered. The sound produced with each inspiratory effort is crowing and croupy. The remaining symptoms, and the final result, in a great majority of cases, assure us that these two terrible diseases may be united in a single patient. A prevalent pseudo-membranous croup is to be regarded, therefore, as having derived its epidemic qualities from an admixture with the diphtheria, while its nature and consequences are more threatening than when it occurs in sporadic cases. Excepting in this complicated form, nine-tenths of the cases of croup recover under appropriate treatment. This cannot be truly reported of the malignant diphtheria.

"Dr. Helmuth records an important distinction between these two diseases: 'In croup, we believe the membrane to be distinctly fibrinous, while in diphtheria it is albuminous in its character.' Croup is inflammatory, while diphtheria is asthenic in character.

"In my own professional experience, a predisposition to the croup does not appear to have increased the liability to attacks of the diphtheria. On the contrary, I have yet to see the first well-marked case of genuine uncomplicated diphtheria occurring in a croupy subject. Such little patients will sometimes fall victims to a combination of the two disorders, but it would appear that a proneness to croupy affections of the respiratory channels affords a kind of exemption from diphtheritic disorders of the mucous membranes lining those parts which are subservient to deglutition.

"Among adults, well authenticated cases of membranous croup are extremely rare. The converse of this is true of diphtheria, for adults are frequently seized, and sometimes die with it.

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DIFFERENTIAL DIAGNOSIS OF DIPHTHERIA.

"Dr. Hauner,* of the Children's Hospital, in Munich, draws the following conclusions upon the differential diagnosis of the croup from diphtheria:—

"'1. True laryngeal croup is a disease proper to childhood, and its cause is chiefly to be sought in the organization (the period of development) of the larynx at this period of life.

"'2. The anatomy and physiology of the larynx sufficiently explain the nature of croup.

"'It cannot be shown that croup is connected with any peculiarity of the blood crasis.

"'4. True croup always commences in the larynx, and often passes downward into the trachea, etc., but it never passes upwards.

"'5. Laryngeal croup is characterized by a pseudo-membrane of more or less extent.

"'6. Laryngeal croup is to be carefully distinguished from diphtheritic croup, the latter always depending upon a peculiar blood crasis, as seen in other organs of enfeebled individuals.

"'7. Diphtheritic croup is almost always secondary, and is not essentially different from croup in and after the acute exanthemata.

"'8. The diphtheritic form begins, as a general rule, in the fauces, uvula, tonsils, etc., and extends hence downwards. It is very rare for it to commence in the larynx or trachea.'

"2. SCARLATINA MALIGNA.—This is the only form of scarlet fever with which the diphtheria maligna is likely to be confounded.

"Prominent among the differential characteristics, is the type of the fever. In scarlatina it may be continuous throughout the whole course of the disease, notwithstanding the rash has appeared upon the surface. The heat of

* *Journal fur Kinderkrankheiten.*

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skin is persistent. In diphtheria, the febrile type is most frequently remittent, the heat of skin declines, and may even disappear during the remission. In scarlatina, the type of the fever is very apt to change from a continued to a remittent form, upon the appearance of the eruption. In diphtheria, it will not vary essentially from the commencement to the termination of the disease, no matter when the rash appears, or if it never appear. These febrile symptoms render the diphtheria more insiduous in its approach than is the scarlet fever. In the one case, the subsidence of the paroxysm is very deceptive; in the other, the intensity and persistence of the fever are positively alarming.

"The symptoms already specified as affording the chief diagnostic points between scarlatina and diphtheria simplex, are substantially the same for the diagnosis of this form of the disease from the scarlatina maligna. The angina, in scarlatina, has a specific determination to the faucial cavity. It does not invade the respiratory mucous surfaces—never degenerates into a species of croup, by a change of locality, as the diphtheritic exudation not unfrequently does.

"The different colour of the eruptions; its rubeoloid eruption is less generally diffused than that of scarlatina; and the fact observed by Valleix, that desquamation of the cuticle occurs in the scarlatina, but not in the rash of diphtheria, are points to be considered in forming your diagnosis in a given case.

"Scarlatina rarely commences with acute pains resembling rheumatism in the glands and muscles about the throat, or with severe otalgia. The opposite is true of diphtheria.

"Scarlatina is much less liable than the diphtheria to be accompanied in its course, or followed by, symptoms indicative of disordered innervation. Cases of paralysis

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do, however, sometimes succeed scarlet fever, but it has been remarked that these are almost invariably fatal, while the opposite is true of the diphtheritic paralysis.

"Dr. H. C. Preston* has never seen or heard of a tendency to anasarca, or other dropsical affection occurring as a sequel to diphtheria, notwithstanding it so frequently follows scarlatina. This same distinction is recognized by West† and other distinguished authorities.

"Dr. Condie says that, 'Unlike what occurs in scarlatina, albumen has very seldom been detected in the urine during convalescence from diphtheria; never, unless it had been previously present.'

"Another diagnostic point, and one which might, perhaps, be considered sufficient to establish a wide and essential difference between these two diseases, is found in the fact that an attack of diphtheria is not a protective from scarlatina, and *vicé versa*.

"And yet another is mentioned by Dr. Ormerod, that the exposure of lying-in women to the contagion of diphtheria, does not produce any ill consequences; while the same exposure to that of scarlatina is sufficient to induce almost certain death from puerperal fever.

"Dr. Wm. Jenner, in a clinical lecture on diphtheria, its symptoms and treatment, says,—'Diphtheria has been supposed to be modified scarlet fever, but the fact that it attacks indiscriminately those who have and those who have not had this disease, proves that it is altogether a different, though it may still be a closely-allied disease.'

"Both affections, however, frequently prevail in the same locality at the same time; and different members of the same family may experience either the one or the other, one having diphtheria, another scarlatina, and perhaps a third an admixture of both. In some cases, indeed,

* U. S. *Journal of Homœopathy*, vol. I., p. 239.

† *Lectures on Diseases of Children*, 1860, p. 326.

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it would almost seem as if they were convertible, the one into the other. For this reason, certain eminent authorities believe them to be identical. This question is so well put by Dr. Wade,* that I copy *verbatim*:—

" 'To those who find less difficulty in coming to a positive conclusion upon the point, I beg to recommend the following considerations:—

(*a.*) " 'Scarlatina and diphtheria may be associated.

(*b.*) " 'Scarlatina is not necessarily accompanied by efflorescence, or by noticeable fever.

(*c.*) " 'Diphtheria may probably affect the system, without producing any throat exudation.

(*d.*) " 'Scarlatina may recur.

(*e.*) " 'Certain forms of scarlatina may be *accompanied* by albuminuria.

(*f.*) " 'Scarlatinal albuminuria does not necessarily produce dropsy; dropsy, in fact, is the exception in albuminuria *accompanying* scarlatina.

(*g.*) " 'Any occasional form of a specific fever may become the type of an epidemic.

(*h.*) " 'Granting that scarlet fever and diphtheria are both zymotic disorders, we do not know what is the nature of their respective poisons.'

" It sometimes happens that diphtheria is secondary to scarlet fever. Such complications are always of a serious character. Trousseau speaks of such cases as follows:—

" 'They have an attack of scarlatina of medium severity; a little nightly delirium with scarcely any nervous complications; the pulse is tolerably frequent; the pain in the throat moderately severe. About the eighth or ninth day it seems that recovery is certain; the fever has fallen, the eruption disappeared, and we congratulate those who are most interested. At once a considerable swelling appears at the angle of the jaws; occupying not only this region,

* London *Lancet* for November, 1862, p. 268.

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but extending to the neck, and sometimes to a part of the face; a sanious, fœtid, abundant fluid flows from the nasal cavities; the tonsils are tumefied, the breath is insufferably offensive; the pulse is small and suddenly resumes its characteristic frequency; delirium and other nervous symptoms are reproduced; the delirium persists, coma supervenes, while the skin becomes cold, the pulse more and more feeble, and the patient dies gradually after three or four days, or it may be without warning, as by syncope.'

"3. GANGRENOUS PHARYNGITIS.—The septic nature of the ulceration, which tends to a rapid sloughing of the soft parts beneath the epithelium; the lack of the filmy, pearly-looking, organized deposit upon the surface of the ulcers; the local hæmorrhage, and the odour, present a list of symptoms which are, in general, quite sufficient to distinguish the gangrenous pharyngitis from diphtheria. Add to these, that in this form of pharyngitis, there is little or no fever, no swelling of the tonsils, neither of the lymphatic glands, no eruption, no liability to translation of the lesion from the alimentary to the respiratory tract, no characteristic nervous symptoms or sequelæ, neither any especial implication of the urinary function, and their differential diagnosis is complete."

PHYSOSTIGMA VENENOSUM.

THE contents of the stomach and intestines of the boy who was recently poisoned by Calabar beans, in Liverpool, were examined by Dr. Edwards the eminent chemical lecturer at the Infirmary School of Medicine in that town. The following are the chemical and physiological experiments made by that gentleman: "I proceeded to make an alcoholic extract of the beans, also of

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the contents of deceased's stomach, and of the contents of deceased's intestines. The stomach contained only five fluid ounces of fluid, consisting of a few fragments of the bean, and the remains of a mustard emulsion which had been administered shortly before death. The quantity of alcoholic extract was therefore very small, and its reactions were obscured by the mustard. After further purification by ether, an extract was obtained which caused marked contraction of the pupil of the eye of a rabbit when applied to it externally. From the intestines of deceased, I obtained seventeen fluid ounces of an emulsive fluid, which after digestion with the alcohol, yielded an extract, which was then purified by ether, and evaporated. The ethereal extract corresponded in its reactions with a similarly-prepared extract of the beans under examination. The chemical reactions on a watery solution of the ethereal extract are as follows:—1. A pink colour, struck by caustic potash, which gradually increases in intensity to a deep red, and when mixed with chloroform, forms a deep chloroformic solution, which separates from the clear yellowish supernatant liquor. 2. A red colour struck by strong sulphuric acid, with separation of a resinoid coagulum. 3. A violet colour, changing to red by sulphuric acid and crystals of bichromate of potash. 4. A similar colour, with sulphuric acid and binoxide of manganese, retaining the purple colour for a long time. 5. A yellow precipitate, with solution of iodine in iodide of potassium. 6. A purple colour, with terchloride of gold, and reduction of metallic gold. 7. A yellow colour, struck with caustic ammonia, which, exposed some hours to light, turned green, and finally a deep blue."

"I applied a few drops of the aqueous emulsion of this ethereal extract obtained from the intestines of deceased, to a frog's back, by insertion under the skin. In a short time the animal manifested an indisposition to movement,

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and became very quiet. In the course of an hour it became unable to jump, or to remove the position in which the limbs were placed; and in about two hours it became perfectly flaccid, and insensible to any external irritation; although stimulated by strichnine, it was incapable of being roused to muscular exertion, and soon expired, having previously exhibited very irregular respiration and pulsation. A second portion of the emulsion was exhibited to a mouse, which became soon paralysed in its limbs, and died after a few hours. A third portion was introduced into the circulation of a mouse, by the ear, and after twenty-four hours, the poison operated fatally, by complete paralysis of the limbs and senses, and the animal died by syncope. A fourth portion of the emulsion from the intestines of deceased applied to the eye of a rabbit, caused strong contraction of the pupil after three quarters' of an hour. Similar effects were obtained by an ethereal extract of the bean itself."

In connection with this subject, the *Pharmaceutical Journal* gives the following interesting statement, furnished by Mr. W. C. Thomson of Glasgow:—

"The Calabar bean, as an ordeal, is given in various quantities, from below a dozen to over a hundred, but a very small portion (less than half) of a bean is sufficient to destroy life; while, on the other hand, entire dozens of the bean have been taken with impunity, being quickly rejected by the stomach and bowels. One bean halved between a brace of infatuated duellists, has cut both off; and a woman who was tried for witchcraft some years ago, and who must have taken some dozens in the process, was still living, and in vigorous health last year. When used by duellists, it is customary for the challenger to bite a bean in two, consume his half, and hand another to his opponent, who is obliged to eat it up. This is said to

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be a common thing among the Ibebios. When it is administered in public trial, the accused is compelled to eat up a few beans just as you see them, while others are being pounded to pulp in his presence. This is afterwards well mixed with water, and one part of the mixture given as a drink, and the other administered in the form of an enema. If the poison so irritates the stomach and bowels as to be completely ejected, which is often the case, the party escapes, and is pronounced innocent; if not he dies, and is therefore guilty. The plant grows to a large size, one plant climbing sometimes over several trees, and almost entirely enveloping them in its foliage. It is often to be met with on the banks of the Calabar River. Its flower is not unlike that of the sweet-pea."

In a paper read before the Royal Society of Edinburgh by Professor Balfour, that eminent botanist remarks: "It has long been known that in various parts of Africa the natives are in the habit of subjecting to the ordeal of poison parties who are suspected of crimes. On the east coast we meet with *Tanghinia venenata*, yielding the Tanghin poison-nut of Madagascar, and on the west coast seeds and barks of different kinds have been employed as ordeals, the source of which, however, have not hitherto been fully ascertained. Dr. Kirk, naturalist to the Livingstone expedition, states that the Manganja tribe, in the south-east of Africa, believe in a god and in a medicine, or the ordeal which he directs as the means of discovering crime. If the ordeal causes vomiting, it shows innocence; if it acts by the bowels, crime; and the person is put to death. But the doctors have a good knowledge of which to give, for there are different plants used. In the district of Old Calabar a bean is used for an ordeal poison, to which the name of Eséré is given."

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ICE IN DIPHTHERIA.

Our foreign contemporary, *The Journal of Practical Medicine and Surgery*, for August last, states that the expectations raised by the results of Mr. Grand Boulogne's practice in diphtheria receive every day further confirmation, and the beneficial effects of ice in pseudo-membranous angina are no longer confined to tropical climates. This mode of treatment has now become popular, and many practitioners who resort to it aver that, at all ages, ice and iced injections produce immediate relief, and singularly rapid improvement. It is not, however, always applicable in the case of infants, because the retention of lumps of ice in the mouth, for eight or ten hours in succession, requires a certain determination. It is to be noticed, however, that ice is only useful provided the false membranes have not yet invaded the larynx, in which case, despite all contrary assertions, no improvement is attained. In pharyngeal or nasal diphtheria, on the contrary, its good effects are remarkable, and a case in point was recently published in the *Union Medicale*, by M. H. Lacaze, of St. Denis (Ile de la Réunion).

"We are in a position to assert," continues our contemporary, "that when the disease is confined to the pharynx, and merely consists in tumefaction of the tonsils, and the formation of solid false membranes over their surfaces, congestion of the adjacent parts, difficulty in swallowing, swelling of the lymphatics, headache and feverishness, the persevering use of ice for eight or ten hours yields results far more satisfactory than cauterization, chlorate of potash, or any gargle whatever."

That the application of ice, as an adjuvant, is of great value in diphtheria, we have, ourselves, had the means of learning. We must confess, however, that, believing as we do, that this disease has its origin in a specific blood-poison, we cannot look upon the ice as more than a

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hygienic agent—certainly, more useful and safe than mischievous cauterization, or of powerful gargles—but inferior to the specific remedies pointed out by the homœopathic law for the choice of medicines. In the case of infants and young children, the ice should be confined in a small muslin bag, the end of which can be retained by the nurse.

A BRITISH COLLEGE OF HOMŒOPATHY.

To the Editor of the Monthly Homœopathic Review.

Sir,—I beg to claim a little space in your *Review* for a reply to some observations of your correspondent H., who in your September number contributes "A Plea for a British College of Homœopathy."

Every homœopathist will agree that such a College is devoutly to be wished for, but however much we may desire to have such a College, it is but too evident that we are not yet numerically strong enough to demand this from the Legislature. What then is at present the only proper course open to us who are members of an honorable profession? I say emphatically our first duty is to obey the laws of our country until we can get better; let us show by our conduct we value those laws, and then our agitation for a charter of incorporation will have its due weight.

With regard to the obstacles to obtaining a license to practise, I do not believe they are so formidable as your correspondent H. represents; and the 23rd clause of the Medical Act has the effect of shielding candidates from "attempts to impose restrictions as to any theory of medicine or surgery by bodies entitled to grant certificates;" and I know that the University of London, the College of Surgeons of England, and the Apothecaries' Company, will not trouble the consciences of candidates on account

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of their homœopathic proclivities, and not a few of our body have creditably and honorably passed examinations at the Universities of St. Andrew's, Aberdeen, &c.

The impediments to the spread of homœopathy—apart from the stumbling block of the homœopathic dose—are I fear to be traced as much to an evil which exists *within* our body as to opposition from without. The evil is this: a system—once but too common amongst the allopaths—of smuggling into the profession, men, who either have had no regular medical education at all, or who only partially comply with the curricula of study demanded by the different licensing bodies of the United Kingdom. This smuggling is effected as you are aware by agents in this country, who, for filthy lucre's sake or other unworthy motives, lend themselves to the nefarious practice of certifying that they have examined Mr. A. or Mr. B., and find him a fit and proper person to receive the degree of some German or American University; and thus our ranks, instead of being recruited from a body of regularly educated men, are too frequently degraded by some pretender or other who aspires to become a medical man, and who, *for a consideration*, can get a friend or two to certify to his competency to tamper with the lives of the public. The effect of this system of fraud will be injurious to the public and to homœopathy in four ways:

1st. The *status* of homœopathic practitioners will be lowered.

2nd. The educated and honorable practitioners of the old school will be repelled more than ever from enquiring into homœopathy.

3rd. The homœopathic public sooner or later will find out the imposition to which I refer, and will in disgust return to the arms of respectable allopathy..

4th. The scientific practice of homœopathy will itself degenerate either into the most bare-faced charlatanism,

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or into that Hybrid system which can neither propagate itself nor anything else.

What then is to be done before we agitate for a Charter? Let us first cleanse the inside of the platter; let us denounce all shams and impositions; let us strive to be collectively and individually without fear and without reproach; then will our numbers and our strength increase, and we shall be strong enough to claim justice from the Legislature and a Charter from our Queen.

I am, Sir, yours, &c.,

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HOMŒOPATHIC HOSPITALS & DISPENSARIES.

THE *Annual* of M. M. Catellan states the number of homœopathic hospitals and dispensaries throughout England to be 65; 9 in London, and 56 in the provinces.

Our readers will therefore perceive how few out of that number have furnished reports to the Editor of the *Monthly Homœopathic Review*. The publication of dispensary statistics affords valuable proof of the efficacy of homœopathic treatment, and consequently must serve the cause to which we are committed.

Dr. Escallier, one of the Editors of *L'Art Medical*, has published in the September number of that journal, an interesting paper on the Charitable Homœopathic Institutions of England; and we are glad to find that our dispensary reports—few though they have been—have furnished our colleague with the facts upon which his paper is founded. His informatian on the subject, Dr. Escallier tells his readers, is taken from the *Monthly Homœopathic Review*, from January to July, 1864.

Dr. Escallier notices particularly the fact that the medical officers of some of the homœopathic dispensaries not only gave consultations at the institution, but visit patients

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at their own houses. "Among the dispensaries which comprehend in the institution visits to the houses of the sick, we may point out those of Liverpool and Brighton. In the dispensary of the latter town, during the first quarter of 1864, 2089 patients were under the care of the dispensary physicians; and of this number, more than one half, or 1239 were visited at their own homes. At Liverpool, in the one month of March 1864, 2829 consultations were given, and 424 visits paid." "The fact and the number of these visits," continues Dr. Escallier, "are worthy of notice, since they shew that in these towns, thanks to these charitable institutions, the benefits of homœopathy are not, as amongst us, limited, among the poorer classes, to the treatment of chronic diseases."

Again, Dr. Escallier remarks: "This (the visiting) constitutes an important radical distinction between the English establishments and those of France. In the latter country the dispensaries afford no opportunity of treating acute disease."

Our colleague notices, at considerable length, the Annual Report of the Hospital of St. James', at Doncaster, founded by Dr. Dunn; and refers to the statements which appeared in the *Homœopathic Review* some months ago, respecting the attempt to establish an allopathic hospital in the same town.

By the bye, our continental friends seem to have a special difficulty with regard to English proper names. In the notice of the London Homœopathic Hospital appear the names of Yeldhan, Druzy, and Leadan, instead of Yeldham, Drury, and Leadam. It is hardly flattering to these gentlemen that their names should be unfamiliar to the students of homœopathic literature among our neighbours. More pardonable, however, is the conversion, a little further on in the paper, of "Field-lane Refuge" into Freld-lune Refuge.

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GOOD ADVICE.

One great cause of complaint against our allopathic brethren has been their employment of the weapons of ridicule and abuse, instead of calm argument, in the discussion of the claims of homœopathy. The allopathic press has especially distinguished itself by its abuse of all who ventured to believe in the doctrines taught by Hahnemann; and of all the allopathic journals, the *Lancet* has, for years, been most persevering and consistent in its enmity, and most remarkable for its choice of coarse, offensive terms.

All this, however, is to be now changed. A better spirit has inspired the *Lancet;* and the orators of the 1st of October are reminded that the medical world "would be sorry to see any mean advantage taken on this great occasion (the opening of the medical schools) to disparage systems which have received wrongly, as the profession may think, a measure of confidence and support: that in the medical sphere, as in the theological, direct abuse is a coarse thing; and that the best way of counteracting error is a clear and calm statement of truth."

The phrases which we have just written, we take from the *Lancet* of September 24th. The whole article is worth quoting, not only to shew that our contemporary has, at any rate, assumed the virtue of fairness—earnestly, we hope—but to demonstrate the unsatisfactory condition of that system of medicine which is designated as *truth* in contradistinction to *error*. "There is at present," says the *Lancet*, "such an absence of authority, of dogma, of specifics, of prescribed courses, that men have to formulate creeds and courses for themselves." Among all these creeds and courses, where, we would ask, is the truth? We shall now quote the whole article constituting our contemporary's leader of September 24th:—

"Another week will bring us to the 1st of October,

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and witness the gathering of medical students and teachers for the work of another session. We are disposed to magnify the power of 'Introductories,' and to believe that teachers upon whom the duty of these opening lectures devolves have a great opportunity of making lasting impressions, for good or for evil, upon the minds of their impressible audience. Probably no other lecture or event of the session has so much influence on the student, to give shape and character to the fundamental notion of what is to be his ultimate place and use in the world, as this has. He is carried quickly over the process and details of his studies to their results; he fancies himself already in responsible relations to society; he sees himself surrounded by men, for whom he has long had a sort of hero-worship, 'sitting' on heights where some day he hopes at least 'to soar.' There is another reason why these lectures are important and worthy of all the thought their authors can bestow upon them. They are read more and more every year. The press does a kindly compliment to the profession by its lengthened reports of them, and thus a great and rare opportunity is afforded to the teachers of medicine of speaking to the great public as to the progress of medical science, and its claims to general regard. *We should be sorry to see any mean advantage taken of this great occasion to disparage systems which have received wrongly, as the profession may think, a measure of confidence and support; but it is a most legitimate opportunity of demonstrating to the public the nature of true medical science, the rate of its progress, and the men by whom its progress is furthered. In the medical sphere, as in the theological, direct abuse is a coarse thing; the best way of counteracting error is a clear and calm statement of truth.* If this be a right and reasonable view of the value of the opportunity enjoyed by a teacher who opens the winter work of a great medical school by an introductory lecture,

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GOOD ADVICE.

he should give all his head and soul to such a representation of medicine as will most effectually engage in the study of it the interest of the medical student, and for the practitioner of it the respect of the public.

"It is an old remark, and as true as old, that medical science at any given time partakes of the character of the prevailing philosophy of the day. This is the case now; with advantage and disadvantage. With advantage: Medicine has followed the example of other sciences, and asserted its freedom. It has thrown off the long-imposed yoke of authority. No name "beats us down" now. Never was there less worship of old names, or more disengaged respect for any new name that shall associate itself with the demolition of old error or with the discovery or happy application of new truth. An able and not a flattering American writer has given us this great praise: 'The English have given importance to individuals.' If the 'sacredness of individuals' has reached its highest development in England, in England it should reach its highest point in the medical profession. It is eminently a good sphere for shewing the difference between one man and another. *There is at present such an absence of authority, of dogma, of specifics, of prescribed courses, that men have to formulate creeds and courses for themselves.* Advanced men in our department do not work with very direct view to practice. Accordingly their discoveries have to be appropriated and utilized by the men who are in hard and urgent contact with suffering, which is impatient of theory, and calls for the promptest and directest application of all discovery to its relief. Hence the value of individualism, of personal qualities. This is a great recommendation of our profession, as a pursuit, to good and earnest men. Their means may be scanty, their friends few and unimportant; but if their brains are good and their hearts kind, if they

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take a serious view of suffering and of the great profession which seeks to alleviate it, they are as sure of 'their reward'—getting, that is, their own particular desert—as the members of any other calling, or rather more so.

"The science of medicine has not escaped the evil of the prevailing philosophy of the day. The evil of it is its hard matter-of-factness; its contempt for everything but individual ascertained facts; its notion that we are the helpless victims of causes, and conditions, and forces—that man has nothing to do but watch nature do everything. There is a 'faithless coldness' in the philosophy of the times which refuses to take notice of anything but the actual and the ascertained and the present; forgetting that ideas are greater than facts—that the actual and the ascertained are but parts of, and should be steps to, far larger and grander truths. In medicine this spirit is terribly unfortunate and out of place. In normal circumstances it is easy enough to acquiesce in the actual. When nature wears a healthy and happy look, it is easy to say 'whatever is is right,' and to content oneself with respectful observation and admiration. But when circumstances are not normal, when nature herself appears unnatural, when pain and disease challenge interference, admiration is out of place, and interference a high duty. Fortunately, ample experience repels the chilling suggestions of this do-nothing philosophy. Every day adds to the proof of the power of the medical art, based on growing medical knowledge. *If medicine was never more gentle, more like nature's self in its operations, than now, it certainly never was more great.* Disease was never more beautifully or effectually 'checked' than now, and the utility of wise medical service never admitted of more easy demonstration.

"Let us hope that the Introductory Lectures which it will so shortly be our duty to report will present such a

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view of the aims and powers of medicine as shall send students of it to their work with high hopes of usefulness, and shall beget in the public mind deep emotions of respect."

Finally, we heartily agree with our allopathic colleague as to the coarseness of direct abuse; and in the belief of the power of truth over error; we care not how gentle—how like nature's self—medicine may become in its operations; but we do object to a state of medical science where for want of a law of healing, a defined, unerring law—men have to formulate creeds and courses for themselves. In such a state of things, alack and alack, for the patients of the Bob Sawyers, who, year by year, manage "to get through."

THE INFLUENCE OF LIQUIDS IN PRODUCING OBESITY.

M. Dancel, whose researches on the means of reducing obesity we have repeatedly noticed, forwarded to the Academy the particulars of two experiments illustrative of the influence of drinks on the production of fat.

The subjects of the experiments alluded to were two horses belonging to the regiment of the "Garde de Paris" (mounted police).

M. Decroix, veterinary surgeon to the corps, selected for the first experiment a lean horse, whose daily allowance of oats he reduced by three pounds, not making any change in the rations of hay and straw. The trough was always kept filled, so that the animal might drink whenever inclined, a pound of bran being mixed with the water. On the 22nd of May, when the experiment began, the horse weighed 512 kilogrammes (1024 lbs.). On the 5th of June, the horse weighed 520 kilogrammes, and 630

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on the 17th of the same month, having thus gained 18 kilogrammes, or 36 pounds, in twenty-seven days. The pound of bran daily added to the water was not equivalent to the three pounds of oats omitted in the animal's diet, and yet a considerable increase of weight was observed.

An enormously fat mare, also belongs to the same regiment. She panted when ridden, and like all obese subjects, perspired after the slightest exertion. Her excrements were also of softer consistency than is usual, and she drank copiously—not less than fifteen gallons of water daily. The non-commissioned officer who rides her was instructed to reduce her water to four gallons a-day, and she has since much lost in bulk, and her motions are more solid. She has, in addition, acquired strength, and goes through her duties without the least indication of distress.

These experiments entirely confirm the opinion often expressed by Mr. Daniel, that obesity cannot effectually be reduced unless the patient greatly reduces the quantity of fluid he is in the habit of consuming.—*Journ. Pract. Med. and Surg.*

HOMŒOPATHY IN AUSTRALIA.

We have been favoured with some copies of the *Melbourne Argus*, from which we learn that homœopathy is exciting great attention in that important part of the British empire. It seems that a short time ago Dr. Brereton (formerly of Bradford, Yorkshire) was appointed a visiting medical officer of the Lunatic Asylum at Sydney. This roused the anger of the orthodox practitioners, and led to a controversy on the relative merits of allopathy and homœopathy which will serve our cause well.

We have not space to give more than this brief notice of the controversy; but we cannot help quoting the fol-

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lowing letter of a puzzled layman, as an illustration of the absence of anything like a law of healing among our allopathic brethren. Professors of medicine in the same university take opposite views of the treatment of disease; medical treatises are but the exponents of the special opinions of each author; doctors differ; every medical man does that which seemeth right in his own eyes. There is no guiding law; no rule; no system. The puzzled layman hits this blot in the following letter:—

"*To the Editor of the Argus.*

"Sir,—Your columns show that homœopathy is attracting attention just now. Practically I know nothing as to its efficiency, or aught to its disparagement; neither am I aware if the professors of the system pursue a defined course in their treatment of patients, or whether each would prescribe the same medicine in a given case, and in the same quantities; but there seems to be more consistency in their general views than in those of the allopathic physicians.

"Some time since I consulted a well-known medical man in this city. My case was one that caused me much suffering, but presented no complex symptoms. After asking me many questions in a manner that assured me he felt an interest in the matter, he instructed me as to rules of living, &c. Among other things he warned me particularly not to touch beer, which was highly prejudicial, and on no account was I to smoke. Two or three glasses of sherry per diem would be not only harmless, but really serviceable, in keeping up the system, &c. After leaving his consulting-room, it struck me that I would get corroborative advice, and I went to another gentleman of equal repute. He told me that wine must be eschewed (and most particularly sherry), that a tumbler or two of good sound porter every day was the stuff for me; and on my asking him if smoking should be relinquished, he said, 'Certainly not; your chest will in all probability be better for two or three pipes a-day!' By the way, one of these gentlemen enjoined perfect repose, while the other

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told me to take a 'rattling ride of seven or eight miles on horseback every day, in fine weather.'

"I paid one guinea to each of my advisers; and, as you may suppose, went home "PUZZLED."

HOMŒOPATHY IN BENGAL.

The Bengalee, a Calcutta newspaper, Saturday, April 16th, 1864, has the following leader:—

"HOMŒOPATHY.

"We are glad to announce to the numerous friends and supporters of homœopathy in Bengal, that a professional gentleman who graduated in the University of Paris and practised homœopathy and hydropathy during the last thirteen years in the two Americas and in Australia with unparalleled success—Dr. T. Berigny, has arrived in Calcutta with the express object of establishing a homœopathic dispensary in the metropolis. Hitherto the mission of homœopathy in the East was carried on solely by laymen who generously, without pecuniary inducements, but at the sacrifice rather of their time and money, spread themselves over the country carrying relief to thousands of the stricken poor and demonstrating by the irresistible evidence of facts the efficacy of a system of medicine which, within a wonderful short space of time, without the aid of nauseating draughts or pills or blisters, we might well say, the terrible concomitants of the allopathic mode of cure, drove away disease from the human frame and restored healthiness to the most perfect work of the Creator. These apostles of a holy science, more practically valuable than most others, have succeeded by their untiring and disinterested benevolence in producing confidence in the popular mind; and the country is thus ripe for the change which Dr. Berigny so opportunely has come to effect in the practice of medicine. It is to be regretted that the faculty pledged to the allopathic creed should so obstinately persist in shutting its eyes to facts which more than theories establish the value of inductions. We have witnessed too many wonderful cures by the globules and the drops of the homœopathist to be able conscientiously to maintain a sinful scepticism. The friends of the

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science demand nothing more than a patient impartial enquiry, and to this they are in a position to challenge the unbeliever. The arrival of Dr. Berigny at such a juncture is most fortunate. The doctor's large heart and clear head will be a tower of strength to the cause, and the experience, judgment and science which he will be able to bring into the field, for he obtained his degree of M.D. as an allopath, and was one of the most popular practitioners of Melbourne, will effectually silence the small malice and effeminate screams about homœopathic *dawai* with which a blessed discovery is invaded by an inveterate and selfish guild."

DISPENSARY REPORT.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers.

Consulting Physicians—Dr. DRYSDALE and Dr. WRIGHT.

Consulting Surgeon—JOHN MOORE, Esq., Napier-terrace, 51, Canning-street.

Physician—Dr. HAYWARD, Vernon-house, Mount Vernon-road.

Surgeons—THOMAS H. WILLANS, Esq., 82, Rodney-street;
E. L. HUDSON, Esq., 10, Bedford-street-south;
R. T. GEOGHEGAN, Esq., 3, Kenyon-terr., Claughton.

Honorary Dentist—H. C. QUINBY, Esq., 21, Rodney-street.

Non-Resident Stipendiary Physician—Dr. SIMMONS, 13, St. James's-road.

House Surgeon—F. J. TUCKER, Esq., M.R.C.S.

Chemists—THOMPSON & CAPPER, 43, Bold-street, 4, Lord-street, and 46, Pembroke-place, Liverpool, and 32, Hamilton-street, Birkenhead.

The number of patients prescribed for at this Institution during the month of August was as follows:—

Old patients	2258
New „	871
The number of old patients visited	234
The number of new patients visited	58
Total	3421

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THE MONTHLY

HOMŒOPATHIC REVIEW.

ATROPA BELLADONNA.

TRANSLATED FROM HAHNEMANN'S MATERIA MEDICA PURA,

By Dr. GALLOWAY.

To the Editor of the HOMŒOPATHIC REVIEW.

DEAR SIR,—It occurred to me, after reading one of Dr. Dunham's able papers published in your *Review*, that some steps might possibly be taken towards obtaining a correct translation of Hahnemann's Mat. Med. Pura, if some one were to translate a medicine and you would kindly insert it in your Journal. An opportunity would thus be afforded to those practitioners who are unable to use the original, of judging for themselves of the necessity for such a translation. With this end in view, I have undertaken the translation of "Atropa Belladonna," arranged by Hahnemann, leaving out the "Observations of other Provers," which follow at the end of each medicine, and which are not mixed promiscuously throughout with those of Hahnemann's own as is done with all translations, I have as yet met with, of the Mat. Med. Pura. It appears to me of the greatest importance that the "symptom-order" of Hahnemann should be strictly retained in all its originality.

It may seem like a work of supererogation for me to add my small testimony to that of Dr. Dunham's, as

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regards the necessity of studying our Mat. Med. in the original; but will simply observe that the perusal of the provings of a medicine, as laid down by Hahnemann, will throw more light on its individual character, mode of action, &c., and thus enable the student to form a clearer conception of the whole, than can be accomplished merely by the aid of such translations as we find in the hands of most practitioners. In regard to the present translation, I have only to say, in conclusion, that I have endeavoured to adhere as literally to the true meaning of the original as was possible, without injury to the sense of the translation. Further, I hope that the matter will be taken up by some of the leading representatives of homœopathy in this country, or that a number of practitioners will unite, with the view of undertaking the translation of the great work of Hahnemann.

I remain, dear Sir,

Yours truly,

JOHN M. GALLOWAY, M.D.

ATROPA BELLADONNA.

(*The recently expressed juice of the whole plant at the commencement of its flowering, mixed with equal parts of alcohol.*)

The plant reared in the garden (the soil of which should be somewhat dry, and best situated on the side of a hill) is, as regards its medicinal virtues, little or not at all inferior to the wild plant, although many physicians have asserted the contrary, merely from conjecture.

It will easily be perceived from this complete arrangement of the symptoms of *belladonna*, that it represents a multitude of morbid conditions which not seldom occur in life, and therefore finds in the treatment of disease frequent homœopathic application, as a polychrest. Those little souls who decry its virulence, are compelled to allow a multitude of patients to die without *belladonna;* and their

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paltry assertion that we have, instead of it, tried other and milder remedies, serves merely to prove their ignorance, inasmuch as no one remedy can supply the place of another.

How frequently, for example, are the more severe forms of croup (especially those accompanied by external swelling of the neck) delivered up to death by the application of bloodletting, leeches and blisters, gargles, poultices, cooling powders, diaphoretics and laxatives, which might have been restored to health in a few hours, without all these torments, by one very small dose of *belladonna*. And what genuine drug is not injurious, dangerous and poisonous in the hands of an ignorant person? Certainly every powerful remedy is so applied in the wrong case of disease, and given in disproportionately large doses,—thus, merely through the fault of the so-called physician. On the other hand, those remedies which are of the strongest and most violent kind, are transformed into the mildest, by diminishing the dose sufficiently, and also into the most curative, even for the weakest and most sensitive bodies, when, along with the smallest suitable dose which we understand how to administer, the case of disease exhibits symptoms similar to those the drug has proved itself capable of producing in the healthy body. As regards such powerful drugs as *belladonna*, we must never omit to use the requisite amount of care in the homœopathic selection of a remedy; an idea which, it is well known, will never enter the heads of those slow gentlemen who treat everything by means of a few prescriptions learnt by heart. Taught by hundreds of experiments on the sick during the last few years, I have never dared to use lower than the decillionth dilution, and find the smallest part of a drop a sufficiently large dose, in order to accomplish with this remedy all purposes of cure in my power. One drop of the juice previously mixed with

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equal parts of alcohol, considered as unit, (as with the juices of the other plants), and, after adding 100 drops of alcohol, shaken about ten times with a downward stroke of the arm (in the hand of which the bottle is held), furnishes us with the first attenuation (100 times diluted). One drop of this, with the addition of another 100 drops of fresh alcohol, shaken in the same manner, supplies us with the second (10,000 times diluted). Again, one drop of the latter, after adding 100 of alcohol, and shaking as before, gives us the third (million times diluted). In this way, with thirty such bottles, the attenuation reaches that which is ten million times diluted, with which the homœopathic physician performs his anticipated cures with *belladonna*. (This is the way in which the attenuations of all the other plants are to be prepared.)

The smallest dose already alluded to of *belladonna*, if the case of disease homœopathically requires its administration, is curative, even in the most acute forms of disease, whilst, on the other hand, it is not less serviceable in the most chronic, inasmuch as its duration of action in larger doses extends over three weeks. (The most certain preventive of hydrophobia is the smallest dose of *belladonna* administered every 3—4 days; and a cure generally follows after administering 1—2 doses.)

Almost all authors have stated vinegar to be an antidote to *belladonna*, on conjecture merely, and because the one relied upon the other; and yet nothing is less true than this. My frequent experience has taught me that vinegar only aggravates still more the contrary actions of large doses of *belladonna*.*

The attacks of lameness and pain in the abdomen produced by *bell.* are subdued by *op.*, although only antipathically and palliatively. It is extremely probable it

* Stapf also observed that the violent headaches produced by *bell.* were increased by the application of vinegar to the front, so that it had to be discontinued.

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would remove the somnolency also, given in small doses. Still, the state of stupefaction, the insanity and furious madness caused by *bell.* will be most quickly and certainly removed by one or two small doses of *hyos.* given homœopathically. *Wine* alone will relieve the intoxication, as I, along with *Trajus* and *Moibanus*, have experienced. When a small dose of *bell.*, non-homœopathically chosen, produces tearfulness, with chilliness and headache, such symptoms will be removed by an equally small dose of *puls.*

Judicious assistance, however, is most necessary when a considerable quantity of the solid parts of the plant—for example, the berries—have been swallowed. In this case, large quantities of strong coffee will relieve, though only antipathically, the state of non-irritability and the tetanic spasms, and is a most reliable means for promoting the ejection of the berries; whilst the stomach is induced to evacuate its contents fully by irritating the pharynx with the feathery end of a long quill.

The erysipelatous swellings brought on by *bell.* are soon removed by a little *hep. s. c.*

The prophylactic power of *belladonna*, first discovered by me (given in the smallest dose every six or seven days), against the true, erysipelatous, smooth *scarlet fever*, and so designated by *Sydenham*, *Plencitz*, and others, was for nineteen years calumniated and scoffed at by a great number of physicians, who did not recognise this peculiar form of children's disease, and rashly confounded it with the MILIARY FEVER imported from Belgium in 1801. To this they falsely gave the name of "scarlet fever," and tried my preventive remedy in the miliary form,* sup-

* *As the miliary fever is quite another disease, it demands a totally different kind of treatment. Here belladonna does naturally no good, and the vulgar follower of routine practice must needs allow the majority of his patients to die of the disease, though they might have*

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posing it to be the true scarlet fever; and very naturally, without success.

Now I am delighted to see that other physicians have, in the last few years, again noticed the peculiar original form of scarlet fever, abundantly confirmed the prophylactic power of *belladonna*, and at last rendered me justice, after so long a period of undeserved scorn.

Attacks of vertigo with dulness of sense for some minutes (12 hours after).

Dulness of sense.

Cloudiness of the head, with swelling of the glands in the nape of the neck (6 hours after).

Intoxication.

5. As if drunk immediately after a meal.

Intoxication immediately after drinking the least quantity of beer.

Diminished memory.

Very weak memory; he forgets what he was about to do in a moment, and can remember nothing of it.

Lively memory (curative action) (24 hours after).

10. Headache, as if the brain had no feeling in it.

Cold sensation in the brain, in the middle of the front.

In stooping the blood flows into the head, which becomes heavy and as if giddy.

A heaviness in the top of the forehead, which causes giddiness and something like intoxication (14 days after).

been all cured by the alternate use of aconite and the tincture of raw coffee; the former given for the fever, the unceasing restlessness and corporeal anxiety,—the latter for the excessively violent pains and disposition to weep. The aconite ought to be used in the octillionth dilution of the juice, and the tincture of raw coffee in the millionth. The smallest part of a drop of either for a dose every twelve, sixteen or twenty-four hours alternately, as the one or the other is indicated.

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ATROPA BELLADONNA.

His head is so heavy, as if he should fall asleep; he is not disposed to do anything.

15. Headache, above the eyes only, like a heaviness in the head, early on awaking, and when he touches the eye it is painful.

A pressure deep in the brain over the whole head, during and after walking in the open air.

Incessant, DULL PRESSIVE PAIN IN EITHER SIDE OF THE HEAD (5–24 hours after).

Pressive pain like a stone in the front, relieved by laying the head down and stooping forwards, with dilated pupils and whining irritability about trifles (3 hours after).

Headache, as if the brain would be pressed out, in the forehead, just above the orbits, which prevents the eyes being opened and obliges one to lie down, with excessive contraction of the pupils and very low voice (5–24 after).

20. Incessant drawing and expansive pain in the head, as if something in it rocked to and fro or balanced up and down.

Tremendous dull or pressive sticking pains in the head, which shoot through the brain from all sides.

In the evening, a few violent stitches in the occiput, immediately behind the ear, as quick as lightning, so that he could have cried out (6 days after).

A painful boil on the temple.

Falling off of the hair, for an hour (24 hours after).

25. The hair of the head which was previously idio-electric is so no longer (24 hours after).

Tearing in the forehead externally.

A detractive pain in the temples and in the right orbit.

Drawing pain extending from the temple to above the right orbit.

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ATROPA BELLADONNA.

Crawling pressive pain in the eyes as if they were full of sand; she was obliged to rub them (1 hour after).

30. Pupils contracted and difficult to dilate.

Dilated pupils.

Dilated eyelids, eyes wide open.

Early in the morning the white of the eye is streaked with red, with pressive pain.

Feeling of heat in the eyes; it was as if they were surrounded by a hot vapour.

35. Inflammation of the eyes, swelling of the veins of the sclerotica, with a tickling sensation.

Yellowness of the white of the eye.

Involuntary lachrymation.

Drawing pain under the left eye from below upwards.

Unsteadiness of the head and of the hands (6 hours after).

40. Heat and redness of the head only (1 hour after).

Face swollen.

Heat in the face the whole day, as if the blood were driven to the head by wine (12 hours after).

Sweat in the face only,

TEARING IN THE INTERNAL AND EXTERNAL EAR in a downward direction.

45. STITCHES IN THE PAROTID GLAND.

Stitches in one of the glands in the side of the neck.

Violent stitch in the right parotid, extending into the external ear, where it becomes cramp-like and then disappears (2 hours after); it returns again the following day also, at the same hour (26 hours after).

Deafness, as if a skin were drawn over the ears.

Early in the morning, immediately after waking, a fluttering and spluttering before the ears.

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ATROPA BELLADONNA.

50. First a crash of trumpets and kettle-drums in the ears and (directly after) a blustering as of wind; succeeded by humming and buzzing, worst in sitting, better in standing and lying, still better in walking.
Tearing pain in the right external ear and the whole of the side of the face, downwards (24 hours after).
Stitches in the internal ear, with deafness.
Stitches in the internal ear during eructations from the stomach, having the taste of the ingesta (12 hours after).
Stitches extending from the superior maxilla into the internal ear.
55. Pimples appear on the cheek and nose, which rapidly fill with pus and are covered with a scab.
Sense of smell too sensitive; the smell of tobacco and soot is intolerable to him (1 hour after).
Bleeding of the nose (immediately).
Bleeding of the nose the whole night.
Bleeding of the nose early in the morning.
60. Above the wing of the nose, pain as if bruised on feeling the part.
Fine stitches in the tip of the nose, with burning sensation.
A white-tipped pimple under the left wing of the nose, without pain.
Painful ulceration on the side of the nostrils where the latter unite with the upper lip.
65. THE NOSTRILS AND THE CORNERS OF THE LIPS ARE ULCERATED, BUT NEITHER ITCH NOR PAIN.
Corners of the mouth ulcerated, just where both lips join one another, with unusually severe tearing pains round about the part, even during rest, or not (5 hours after).
In the corner of the lips, an ulcer with red edges and corrosive itching.

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ATROPA BELLADONNA.

A pimple on the upper lip, having a crawling sensation in it, but contact produces an itching sticking pain in it.

Severe swelling of the upper lip; it feels tense in opening the mouth.

70. The lips, and especially the upper one, burst in the middle in sneezing and coughing.

Pimple on the edge of the lip, equidistant between the middle and the corner of the lip, which becomes changed into an ulcer covered with a crust, and pains like a part inflamed.

Small pimple under the side of the lip, accompanied by smarting corrosive pain.

Small pimple on the side of the chin, with itching sticking pain, yet more sticking than itching; this sensation disappears after scratching.

A nestling, spasmodic sensation in the chin.

75. Lock-jaw; inability to open the jaws on account of stiffness of the muscles of mastication (during the day).

A red boil, at the angle of the inf. max., which is hard and not painful in itself, but pressure produces a sticking pain in it.

Vesicle in the gum below one of the front teeth, with pain as if it were burnt.

The gum on being touched pains as if ulcerated.

Heat in the gum; with beating and throbbing in it.

80. The teeth are painful in biting anything, as if the roots were ulcerated and would break short off.

(The front teeth are as if too long.)

Toothache with drawing in the ear.

More drawing than sticking pain in the teeth.

He is awakened after midnight with violent tearing (?) pains in the teeth.

85. A digging pain in the teeth, lasting only a short time.

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ATROPA BELLADONNA.

On the admission of the open air, a slight pain, resembling a soreness, in the teeth (¼ hour after).

A fine sticking pain in one of the upper hollow molars during the whole day, in consequence of which he can scarcely sleep at night, followed by swelling of the cheek.

Toothache in the evening after lying down and during mental occupation, a dull pain in the nerve of the fang of the tooth, almost as if it were raw, and when worse, like a continual cutting.

The toothache comes on not during a meal but several minutes afterwards, increases gradually to a high degree and then as gradually diminishes again: it does not follow after drinking anything.

90. Several very painful throbbings and startings in the nerves of the fangs of one or more teeth.

WEAKNESS OF THE ORGANS OF SPEECH, WITH STAMMERING, COMPLETE CONSCIOUSNESS AND DILATED PUPILS (2–3 hours after).

Paralytic weakness of the organs of speech.

Heaviness of speech, difficulty of breathing and great lassitude, when the anguish has passed off.

Speaking is very difficult for him; he speaks in a piping tone of voice.

—— very low voice, with headache, as if the brain would be pressed out, in the forehead immediately above the eyes, which prevents the latter from opening, and obliges one to lie down, with extreme contraction of the pupils.

95. Sore throat; stitches in the pharynx and pain as from an internal swelling, only during deglutition and turning the head round: likewise when feeling the side of the neck, yet not when at rest or in speaking.

Contraction of the throat by which deglutition is

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ATROPA BELLADONNA.

impeded (relieved by drinking coffee) (3 hours after).

Impeded deglutition.

Painless inability to swallow.

Constant urging and wanting to swallow; it was as if he would choke, if he did not swallow.

100. Sore throat; scraping in the soft palate, and sensation as if the part had been rubbed raw, during deglutition.

AVERSION TO FOOD, lasting a long time.

No appetite; everything is loathsome to him.

(He is seized with a desire for this or that; but he does not eat with a relish.)

Increased appetite (curative).

105. All his appetite goes away after smoking tobacco.

No desire for drinks, absence of thirst.

Repugnance to beer.

Repugnance to acids.

BREAD HAS A SOUR TASTE.

110. In the evening the bread and butter, at least the last of it, tastes very sour, and he generally experiences more or less heartburn afterwards, which continues for two hours (on eight consecutive evenings) (4 days after).

Bread smells and tastes sour to him.

(Bitter taste of the bread and apples in the evening).

Disgusting taste in the mouth, with a clean tongue.

Putrid taste in the mouth, after she has eaten.

115. Sensation of great dryness in the mouth, with very irritable temper; at the same time the mouth and tongue look moist.

Sensation of great dryness in the mouth; there was a very little tenacious mucus on the tongue and the lips were hot, with peeling off of the skin.

Sticky taste in the mouth.

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ATROPA BELLADONNA.

Slimy mouth, with the feeling as if a bad smell came from his mouth as when the stomach is disordered.

The mouth is full of mucus, early in the morning; he has to scrape it out from time to time; it disappears after a meal.

120. SLIMY MOUTH EARLY IN THE MORNING ON WAKING WITH PRESSIVE HEADACHE (BOTH OF SHORT DURATION).

Ptyalism.

Soreness on the inside of the cheek; the mouth of the salivary duct is as if eroded.

Eructation tasting of the ingesta.

Bitter eructations after a meal.

125. Heartburn (when smoking); a scraping, burning, smarting sensation remains long after, at the commencement of the throat and mostly in the upper part of the larynx (2 hours after).

INEFFECTUAL INCLINATION TO ERUCTATE.

HALF-SUPPRESSED, INCOMPLETE ERUCTATIONS.

Something midway between an eructation and hiccough.

SOBBING ERUCTATIONS; A SPASM COMPOSED PARTLY OF ERUCTATION AND PARTLY OF HICCOUGH.

130. Sinking sensation in the epigastrium after breakfast.

Frequent attacks of nausea in the forenoon (72 hours after).

Disposition to vomit when walking in the open air.

He wakes out of sleep three times about midnight; he rises three times to vomit, with cold sweat, but in vain.

Ineffectual disposition to vomit, empty retching.

135. (At night, periodical pains in the epigastrium, with trembling.)

Pressure in the stomach after he has eaten.

Pressure partly of a gnawing kind in the epigastrium.

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ATROPA BELLADONNA.

Painless beating and throbbing in the epigastrium.
Stitches in the epigastrium.
140. Violent sticking, cutting pain in the epigastrium, which forces one to bend the body backwards and obliges one to hold one's breath.
Pressive sticking pain in the left side below the ribs.
Chronic spasm in stomach always during dinner.
After lying down in bed in the evening distension of the abdomen, with tensive pain in the stomach.
Spasmodic tension, extending from the chest to deep in the abdomen, which does not permit the body to be moved in the least (½ hour after).
145. Fulness below the short ribs; in stooping the epigastrium feels full with darkness before the eyes (4 days after).
Pain below the navel as if the part were seized with the finger nails (a grasping, clawing pain).
When pressing on the epigastrium, pain, as if the hypochondria were being pressed out.
(After drinking milk, a few stitches in the abdomen.)
(Cutting in the abdomen in the evening, a few hours before going to bed.)
150. Pinching in the umbilical region, more in the middle of the day and in the afternoon.
Contractive pain below the navel; she was obliged to sit crooked owing to the pain.
Pinching, constrictive pain in the bowels which lie deep in the abdomen, alternately with dull stitches or jerks in the direction of the diaphragm (36 hours after).
Along with the sensation of distension of the abdomen, constrictive pain below the navel periodically, and which forces one to sit in a crooked position bent forwards (4 hours after).
Pinching belly-ache, which obliges him to sit with

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his body bent forwards; with ineffectual urging as if diarrhœa would come on and followed by vomiting.

155. Belly-ache, as if a heavy weight were pressing on it, only when walking and standing, which disappears every time on sitting down.

Severe stitches in the inguinal glands.

Frequent emission of inodorous flatus.

Suppression of stools and urine, for ten hours.

Frequent thin stools with tenesmus; frequent urging, he was obliged to go to stool every quarter of an hour (48 hours after).

160. Ineffectual urging to stool.

He is constantly urged to go to stool.

Shuddering during stool.

The child was seized with shuddering during stool.

Vomiting after ineffectual urging to stool.

165. A sort of tenesmus, a constant pressing and urging towards the anus and the genitals, alternately with painful contraction of the anus (12 hours after).

Contractive pain in the rectum, then pains as if sore in the abdomen, thereupon, rapid slimy evacuations, followed by tenesmus.

Distinct, rapid, severe stitches in the rectum (during motion) (3 hours after).

Itching in the lower part of the rectum.

Voluptuous tickling in the lower part of the rectum.

170. Violent, sudden, painful itching in the rectum and anus.

Itching at the anus externally (when walking in the open air).

Granular, yellow, somewhat slimy stool.

(Stools have a very sour smell.)

Small, rapid, involuntary evacuations.

Hæmorrhoidal flow for several days.

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ATROPA BELLADONNA.

Sensation of turning and twisting in the bladder, as if from a large worm, without desire to micturate.

Dull pressing in the vesical region, during the night.

——. Suppression of urine and evacuations, for ten hours.

His urine escaped from him during a deep sleep (in the daytime).

He cannot retain his urine.

180. Bright yellow, clear urine (4 hours after).

(Whitish urine.)

Urine with a white, thick sediment (12 hours after).

The urine becomes turbid, with a reddish sediment.

Immediately after urinating, a smarting pain in the outer edge of the prepuce.

185. Between the acts of micturition, dull stitches in the urethra, behind the glans, especially during movement.

During micturition, drawing in the spermatic cord.

Discharge of prostatic juice from a relaxed penis.

NOCTURNAL EMISSION OF SEMEN, DURING RELAXATION OF THE PENIS.

The semen escapes twice in one night.

190. Indifference to the idea of a distinction between the sexes; no lascivious, voluptuous thoughts will enter his head; the sexual desire is as if extinguished and can no longer be aroused through the imagination (after effect?)

Sweating of the generative organs, in the night.

A soft, painless tumour on the glans.

Violent stitches in the testicles, which are drawn upwards (12, 18, 30 hours after).

(Early in the morning, a pressing, as if everything would be forced out towards the organs of generation (with distension of the abdomen); after the

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ATROPA BELLADONNA.

pressing, the abdomen contracted, and this was followed by a slimy white discharge from the vagina.)

195. Appearance of the catamenia.
Menses four days too soon.
During the menses a cramplike tearing here and there in the dorsum and arms.

Rough hoarse voice.
Fluent coryza in one side of the nose and from one nostril only.
200. Every inspiration induces a short (dry) cough.
In the evening after lying down in bed, tickling, itching sensation in the back part of the top of the larynx, causing a dry short cough which he cannot suppress.
It is as if there were something in the epigastrium which always makes him cough.
CATARRH, OR COUGH WITH CORYZA.
He feels a tightness in the chest, like a dry catarrh, which causes a dry cough.
205. (Cough hollow and scraping.)
Tightness (in the upper part of the trachea); he coughs up a substance resembling old catarrhal mucus, of a purulent appearance (early in the morning in bed and after rising) (16 hours after).
The cough commences in the evening (about ten o'clock) and occurs every quarter of an hour or oftener in three or four fits at a time.
Cough, with a bloody taste in the mouth.
Cough early in the morning, with expectoration of bloody mucus.
210. (The child tries hard to suppress the cough and is fretful.)
(Before each attack of coughing the child is quiet

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and immediately before the cough came on she began to cry.)

Violent cough during sleep, with grinding of the teeth (10 hours after).

(Attacks of coughing which end with sneezing.)

(In coughing, the stomach turns, as if vomiting would come on, even when it is empty.)

215. Stitches in the sternum in coughing and yawning.

Stitches in the side of the chest under the right arm, which hinder the breathing, towards evening.

In the right side of the chest, stitches here and there below the skin, in some measure external.

Pressive pain in the chest and between the shoulders.

Pressure in the cardiac region, which takes away the breath and causes anxiety.

220. Pressure in the chest (as if towards the heart).

Pressure in the right side of the chest, which causes anxiety.

In the evening in bed, a feeling of such an oppresive character in the chest, which did not disappear on making a voluntary effort to cough; it was with difficulty he inspired air, just as if the mucus in the trachea prevented him; accompanied by burning in the chest (60 hours after).

Great inquietude and beating in the chest.

(During rest, palpitation, with feeling as if the shocks extended to the throat, more violent during movement, and with difficult, slow respiration.)

225. Stitches in one of the breasts (3 hours after).

Milk escaped from the breast of one who was not pregnant; small scattered pimples appeared in the left breast, with crawling itching much relieved by rubbing.

Gnawing in the spine, with cough.

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ATROPA BELLADONNA.

Sticking and gnawing pain in the spine.

Violent drawing between the scapulæ, proceeding downwards, in the evening.

230. Pain between the scapulæ, as if from a strain in lifting.

Boil on the shoulder.

Painful stiffness between the scapulæ and in the nape of the neck in turning the head and neck from side to side, early in the morning (16 hours after).

Pressive pain externally in the neck, in bending back the head and in feeling the neck.

Eruption of pimples in the nape of the neck and on the arm, which rapidly fill with pus and are covered with a crust.

—— Swelling of the glands in the nape of the neck, with cloudiness of the head (6 hours after).

235. Painful swelling of the axillary gland (5 hours after).

Heaviness in both arms.

A slow creeping sensation, upwards, in the left arm, as if a fly were crawling over the skin, not relieved by frequent friction.

Convulsive shocks in the arms, as if from violent shuddering (½ hour after).

Drawing in a downward direction in the muscles of the right arm, which when it had reached the region of the elbow-joint, pulled backwards several times in the direction of the latter, then upwards towards the shoulder-joint and after which it went off for a little while.

240. Tearing pain in the bones of the arm (8 hours after).

(The elbow pains during motion and on contact, as if it were burnt) (72 hours after).

Drawing pain, with lameness in the elbow-joint.

He cannot turn the hand freely and unhindered on

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its axis (as for example, in dropping anything out of a glass bottle, he can only accomplish it at intervals), exactly as if the secretion peculiar to the joint was wanting; still the impeded movement is not painful (4 hours after).

Frequent, cold sweat in the hands.

245. The last joint of the middle finger is as if stiff and pains in bending it inwards as if it were slightly (sore?)

He can cause his finger-joint to crack very easily.

During chilliness of the body, stitches in the tips of the fingers from within outwards, mostly when taking hold of anything.

Pain as if sore, in the inner side of the thigh.

An unpleasant sensation in the joints of the lower extremities, especially the knees, as if they would bend inwards, especially in walking and still more in going down stairs or down a hill.

250. Pulling in the popliteal space, upwards into the muscles of the thigh.

Pain in the leg below the knee, as if it were squeezed, with a sensation of raging and of handling (dull tearing) in it, especially in the night, relieved by hanging the leg over the side of the bed (10 hours after).

Tearing pain in the shin-bone.

Trembling heaviness of the leg below the knee.

A drawing heaviness in the leg below the knee.

255. Pinching in the calf in bending the leg, in the evening in bed, which disappears on extending the leg (72 hours after).

Violent itching in the feet.

Crawling in the feet, upwards (20 hours after).

A clucking in the feet, as if a fluid body were being dropped into them (54 hours after).

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ATROPA BELLADONNA.

Burning tearing in the lower leg upwards through the inner side of the popliteal space.

260. Lassitude in the feet sometimes, with drawing pain.

A sort of stretching in the thighs, he is obliged to extend them (11 days after).

Swelling of the feet in the evening.

Heat especially in the feet.

Daily pain in the ankle-joint in movement, in the afternoon, which is renewed every morning early.

265. When walking in the open air, tension in the right ankle-joint.

In walking and bending the instep inwards, pain in the metatarsal bones, as if sprained.

Tearing pains in the metatarsal bones of the great toe.

(Boring or tearing stitches in the tendo-Achillis.)

A sort of painless drawing or crawling, from the heel to the toes and round about the ankle (30 hours after).

Pain as if bruised in the ball of the heel in putting the foot to the ground.

270. Boring, digging-up pain in the soles of the feet (several hours after).

Sticking pain in the soles of the feet (½ hour after).

TREMENDOUS PINCHING PAIN, WHICH COMES ON SUDDENLY, IN ONE SIDE OF THE CHEST, IN ONE SIDE OF THE ABDOMEN, IN ONE OF THE GROINS, OR ONE OF THE ELBOWS, ESPECIALLY DURING SLEEP; DURING THE ATTACK ONE IS OBLIGED TO BEND OR REFLECT THE PAINFUL PART INWARDS (8, 16, 30 hours after).

When she lies on the right hip, the left one hurts her, but if she lies down on the left one, then all is quiet (8, 9 days after).

(A drawing pain in the feet upwards into the

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scapulæ and from thence into the fingers, lastly into the teeth, which are loosened and set on edge, in consequence.)

275. (Drawing pain in all the limbs.)

At every second or third step in walking, a stitch in the affected part, extending into the head, exactly as when one unintentionally pricks one's self; it never occurs in sitting.

(The places where the sticking pain was, are extremely painful to the touch.)

Boring pain in the glands.

Gnawing pain in the affected part (1 hour after).

280. The external application of *belladonna* makes the part sensitive to the action of the open air.

Non-inflammatory, painful chronic tumours and swellings.*

Tearing itching here and there, especially after lying down in bed in the evening; the tearing pain alone remains after rubbing, but is increased in violence.

The ulcer pains almost always at night (from six in the evening till six in the morning) with burning, and pain as if something would be pressed out, the part being as it were paralyzed and stiff (48 hours after).

(The ulcer becomes covered with a black scab, as if formed out of coagulated blood.)

285. The ulcer exudes almost entirely bloody ichor.

The ulcer is painful to the touch, the pain being almost of a burning character (4 hours after).

Violent itching in the ulcer (1 hour after).

Cutting pain during rest, in the ulcer, and tearing pains in moving the part (20 hours after).

* This appears to be an after effect.

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ATROPA BELLADONNA.

Pain as if sore in the circumference of the ulcer (4 hours after).

290. (Soreness in the bends of the joints.)

Inflammatory, erysipelatous fever, accompanied with inflamed, even gangrenous, swellings.

Inflamed, red places in the skin and scarlet red patches of various forms over the body (which itch?) (16 hours after).

Convulsive instantaneous extension of the lower extremities on awaking out of sleep.

Trembling, with convulsive shocks.

295. (Trembling at the heart in the forenoon.)

Great uneasiness in all the limbs, so that he did not know where to put himself.

In the afternoon a fit of stretching and yawning, during which the eyes fill with water (48 hours after).

All the troubles are aggravated, especially in the afternoon (about three or four o'clock); they are more bearable in the forenoon.

Stiffness of all the limbs, appearing as a kind of weary sensation.

300. Very prostrate and at the same time short of breath, in the evening especially.

Weakness of all the muscles, especially in the feet, resembling paralysis.

Weakness, with tottering gait; the knees feel as if they would give way; he cannot walk.

(Prostration, after cephalalgia.)

General weakness.

305. DISINCLINATION AND AVERSION TO WORK OR MOTION (1–5 hours after).

In the evening he is so tired that he can scarcely walk (50 hours after).

Sleepiness (½ hour after).

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ATROPA BELLADONNA.

In the evening, already in the twilight, sleepiness with yawning, but in the morning early he feels as if he had not slept enough.

Very deep sleep.

310. Sleeplessness.

(Sleeplessness with abatement of the pains, at night.)

Nocturnal sleeplessness on account of anguish, with drawing pain in all the limbs.

In the evening in bed, itching stitches here and there in the skin, as if from fleas.

SLEEP PREVENTED BY ANGUISH.

315. He cannot sleep at night; a fancy that he has some pressing business prevents him from sleeping.

Unbearable sleep on account of tremendously increased pains and fearful dreams.

She awakes in the night full of fright and fear; it appeared to her, as if there was something under the bed which kept sounding; she experienced a dry heat on awaking.

He dreams immediately on falling asleep.

Uneasy sleep before midnight; the child tosses about, kicks and quarrels in its sleep.

320. Frightful dreams, which leave a lively impression behind.

He starts as in affright and awakes, when he is just falling asleep.

Fright in dreaming, in consequence of which he awakes, with sweat in the forehead and in the epigastrium.

He dreams of danger from fire and awakes in consequence (54 hours after).

Intermittent breathing in the night, in sleeping and waking; the inspiration and expiration of the breath lasts only half so long, as the pause between the last expiration and the next inspiration; the

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ATROPA BELLADONNA.

expiration occurred by fits and starts and was louder than the inspiration; the inspiration lasted only a little longer than the expiration.

325. (Choking snoring during inspiration in sleep.)

Singing and loud talking in sleep.

Much thirst and dryness in the mouth in the night.

Headache and great lassitude on awaking.

—— early in the morning on awaking, headache above the eyes only, like a heaviness in the head, and when he then touches the eye, it pains.

(Chilliness after a meal.)

330. Shuddering along the arms and over the abdomen, but not the head (2 hours after).

Coldness of the whole body with paleness of the face.

She shivers in sleep and feels the cold, is also cold on awaking.

Large, full, slow pulse.

Very small, quick pulse.

335. Early in the morning, icy-cold hands, with dulness of the head and tearfulness.

Cold feet, with heat in the internal ear, in the evening.

Cold feet, with bloated, red face and flow of blood to the head.

Chilliness especially in the arms, with goose-flesh, in undressing, at the same time redness and heat of the ears and nose.

Towards evening, fever; the shuddering is so strong that he is tossed about in bed by the violence of the shocks, two hours after which heat and general sweat, without thirst either during the shuddering or the heat.

340. Fever; in the evening whilst she was undressing,

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ATROPA BELLADONNA.

slight chilliness over the body, then heat in the whole of the left side of the body.

(Fever: after the cold stage feels quite well for a few hours, then sweating in the face, the hands (?) and feet (?), before the hot stage come on; no sleep during the hot stage, almost no thirst in the cold, and no thirst in the sweating and in the hot stage; slight headache with the sweat in the face, but none in the cold stage or in the hot.)

Fever: first putrid taste in the mouth, then heat of the face and the hands; the pain increases after the disappearance of the heat.

Attacks of fever frequently repeated during the day; the cold stage with shaking, is succeeded by general heat and sweat over the whole body, without thirst, either in cold or in the hot stage.

Fever: during the external coldness of the body, an internal burning heat.

345. General dry heat in the extremities of the hands and feet, with thirstlessness and paleness of the face, lasting twelve hours.

(In the evening, heat in the hands and feet, but not in the arms and thighs.)

A slight movement (walking) produces heat of the body.

VIOLENT THIRST (20 hours after).

Violent thirst after midnight and early in the morning.

350. He feels very hot, he sweats all over, still without thirst.

He sweats all over on the least movement, chiefly in the face from the nose downwards.

He sweats very much in walking in the open air (in the wind) all over his body, and in consequence is seized with belly-ache, as if he had taken cold.

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ATROPA BELLADONNA.

Night-sweats in sleep, after midnight.

Those members only which are covered with the bed-clothes, sweat, in the evening.

355. Nocturnal sweat, which has an empyreumatic smell.

Awoke directly after midnight in a sweat (he could not fall asleep again); the sweat continues whilst he is awake (54 hours after).

Quite early in the morning (about 2, 3 o'clock) after waking, sweat when one covers the arms, which ceases when they are uncovered.

(No sweat during sleep at night, but certainly during sleep in the day-time.)

During the hot stage general sweat comes on, when the hands are covered with the coverlet, but if they are withdrawn from under it, the sweat is succeeded by chilliness.

360. Apathy; nothing makes an impression upon her; during a few days in a very sensitive irritable mood; she has no pleasure in anything whatever.

Great irritability and sensitiveness of the senses; he tastes and smells everything more acutely; the sense of taste, of sight and hearing is more acute, and the mind is more easily moved and the thoughts more active (3 hours after).

—— very irritable mood, with great dryness in the mouth.

Want of confidence, with timidity.

TIMIDITY WITH TEARFULNESS (½ hour after, in 2 hours and within 8 hours after).

First weeping, with sorrow, which afterwards becomes impatient and vehement howling (with chilliness) (1 hour after).

365. VIOLENT WEEPING, WHIMPERING AND HOWLING WITHOUT CAUSE, ALONG WITH TIMIDITY (from 2 to 8, from 8 to 12, rarely from 12 to 20 hours after.

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ATROPA BELLADONNA.

Violent weeping and extreme ill-humour on awaking out of sleep.

Not serene, ill-humoured, not disposed for anything.

—— whining ill-humour about trifles, with pain in the head as if from the pressure of a stone.

Howling and crying about trifles, which is aggravated by kind words, with easily dilated pupils or pupils which are easily contracted.

B. Frequent moaning (croaking) especially early in the morning, without saying why? and what pain moves the patient thereto?

A. Hourly alternation of weeping and irritable humour.

370. Croaking and moaning during each expiration.

Croaking and moaning in sleep.

He was peevish about this and that.

INSANITY CHARACTERISED BY TIMIDITY; HE IS AFRAID OF AN IMAGINARY BLACK DOG, OF THE GALLOWS, AND SO ON (more frequently in the first 12 hours, seldomer in the succeeding ones.)

Insanity; he dreads his body will rot while he is yet alive.

375. Great anxiety during the day; she has no peace anywhere; it seemed to her as if she must run away.

In walking in the open air she is overwhelmed with anguish and tears; she is tired of her life and will go into the water to drown herself.

Insanity at one time with ridiculousness, at another time he talks quite rationally (1, 16 hours after).

He performs foolish, ridiculous tricks (½, 6, 8 hours after).

Violent disposition to quarrel, which will not be appeased.

380. Raging, violent fury.

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A WORD TO MY MEDICAL BRETHREN ON THE CLIMATE OF NICE DURING WINTER.

By Dr. Escallier,

Ancient-Interne-laureate of the Hospitals of Paris; one of the Editors of *L'Art Médical.**

At the moment when winter is drawing near, and invalids who dread the effects of cold, and rainy weather, are contemplating a removal to the South of France, in search of the benefits of a warmer air, I have thought that my brethren would feel some interest in reading a few pages extracted from a paper of mine, which I sent, last winter, to the *Société Homœopathique de France*, and in which I endeavoured to make known the true qualities of the climate of Nice, and to define the positive indications for and against it.

In the choice of climate, as well as of all therapeutic agents, the true *indication* of the remedy, whatever it may be, is the essential condition to be established; and to an ignorance of this essential, may be ascribed the many mistakes which have been made in the choice both of winter-climates and of watering-places as well.

The principal qualities of the climate of Nice, seem to me to be summed up in the expression: "it is vivifying."

Let my brethren represent to themselves one of those rare days, in spring or in autumn, in which the sky is perfectly serene, the sun piercing and brilliant, the air penetrating and light; when a moderate wind is felt blowing from the north, and tempering the heat of the atmosphere; when, particularly, there seems to exist a sort of sleep of electricity, indicating beautiful weather, with the wind fresh, yet with no tendency to storms. Let them suppose, again, and at the worst, a fine winter's day,

* Our colleague, Dr. Escallier, practises in Nice during the winter months.—[Ed. *M. H. R.*]

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in which the sun shines, with warmth, in a sky of the purest unclouded blue; with a wind pretty fresh, yet dry and moderate, and without any immediate signs of snow or rain. On days such as these, man feels himself comfortable; he breathes freely; his head is clear; his intellect is expanded; his heart is lively; chagrin passes away; the appetite is keener; the stomach more readily fulfils its functions; in a word, man feels stronger and happier, and lives anew, both physically and mentally.

Such is the climate of Nice; such are its effects, during four-fifths of the winter season. All its meteorological conditions, and their action on the organism, are also the more marked, because of the neighbourhood of that town to the sea, and because of the modifications which it produces in reference to the composition and physiological action of the air.

It may be affirmed, then, that Nice, as well as Menton, Antibes, and Cannes (localities between which some have endeavoured, wrongly, to indicate important differences), affords a perfectly hygienieal residence, for healthy individuals, during the winter, as it is eminently favourable to the regular action of all the functions, and the development of all the organs. These effects are particularly observed among children, whose rosy complexion, moderate fatness, and physical and mental activity soon shew the excellency of this vivifying climate.

In reference to invalids, it is right to add two remarks, which overshadow the picture, at least in its representation of those parts of Nice which extend along the coast, particularly to the west of the rock where was situated the ancient *Château-fort*, the bulwark of Italy. The wind which blows moderately during the day, increases in violence, and becomes colder, very suddenly, a little before sunset, and during an hour or two after, entailing great risk upon the imprudent or unthinking invalid.

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This crisis is, however, followed by a warm evening, splendid with many stars.

Moreover, if it is true that Nice is exempt from the real *mistral* (north-west wind), which is felt at *Hyères*, at *Toulon*, and over all *Provence*, until near the neighbourhood of *Cannes*, it is right to add, on the other hand, that sometimes, particularly in the months of February and March, violent winds arise from the east and north-east, more seldom from the west, which suddenly cool down the atmosphere, and fill the air with whirlwinds of dust.

These things being known, every medical man can understand what are the pathological conditions in which, during winter, a Mediterranean climate, and that of Nice in particular, is best indicated.

The condition in which it is indicated, above all others, is the *asthenic*. If this state be dependant upon general dyscrasia, or on the presence of organic disease; or if it be the result of physical or intellectual fatigue, or the attendant of a recovery from some disease—from the moment when this asthenic condition predominates, the climate of Nice is indicated, and a residence there will be most advantageous. In diseases of the lymphatics, in scrofula, rachitis, chlorosis, leucorrhœa, catarrhal affections, torpid phthisis, moist asthma, atonic gout—in almost every form of dyspepsia, in exhaustion, whatever may be the cause of it, and in convalescence, the climate of Nice is indicated.

The climate of Nice is contra-indicated to patients in a *sthenic* condition—by that I mean, subject to nervous irritability. This contra-indication particularly exists when the sthenic symptoms shew themselves in the breathing organs. Therefore, do not send to Nice, individuals eminently nervous, hysterical women, *neuroses* when not joined to a lymphatic constitution—nor patients who have a tendency to acute diseases of the respiratory organs, or

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to pulmonary phthisis (except in constitutions essentially lymphatic), and particularly where there is a disposition to hæmoptysis, to phlogotic complications, &c.

It is because attention has not been paid to the important distinctions between the indicating and contra-indicating symptoms, that false judgments have been pronounced on the climate of Nice, and that M. Carrière has been able to write:—"Nice is not worth its good renown. One sees, every year, an awful mortality falling upon the colony of English consumptives."

I say this judgment is exaggerated and false: for, in the first place, the peculiar form of phthisis under which the visitors laboured is not taken into account; and yet the distinction to be made here is eminently important, for the wintering at Nice will be as useful to the patient of scrofulous habit, labouring under "torpid phthisis," particularly if it be but little advanced, as it will be injurious in phthisis presenting opposite characters: in the second place, the considerable topographical differences which various situations in Nice and its neighbourhood offer with regard to the divers invalids who are sent there, have not been taken into consideration. This requires some details.

My brethren will remember, that when speaking of some inconveniences connected with the climate, and, in particular, of the violent winds which often prevail at Nice, I specified some quarters of the town—those of the West-end, and in particular those which lie along the coast—as being the parts exposed to those inconveniences; and it is unfortunately the case that these are the very localities most sought after by foreigners.

As we remove from the sea, and advance towards the middle of the delightful valley which, like an immense circus—open only to the south—rises towards the north, east and west in graceful hills, that merge eventually in the

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Maritime Alps,—I repeat, as we advance towards the hills, the winds are less and less felt; and, at the foot of, and on the declivity of these hills, we find ourselves placed in a sort of natural greenhouse, heated by the rays of a splendid sun, and almost completely sheltered from the winds which blow far above our heads. Such are the quarters of Cimiès, of Carabacel, of St. Etienne, of the Lazaret, &c. Around the delightful villas which stand in these parts, magnificent gardens are to be seen, where the vigour with which the orange, the lemon, the olive and the palm trees grow, shows the warm and yet regular temperature which prevails there. Let consumptive patients, then, settle in these villas, let them not go far from them, let them be satisfied with living in the midst of the perfumed and resinous atmosphere which surrounds them, obtaining a view of the sea at a distance,—let them avoid the dust and the winds of the city properly so called, and of its walks, too much sought after,—let them return home half-an-hour before sunset, and I am then certain that, unless phlogotic or hæmorrhagic tendencies, strongly developed, exist, the climatic inconveniences that I have pointed out would disappear, in great part, and much of the misfortune for which Nice has been made responsible would be avoided.

It is nevertheless right to add that, for active or florid phthisis, for dry, nervous, irritable constitutions, a residence in a temperate climate, soft and damp, as are those of *Pau*, and particularly of *Madeira*, *Pisa*, *Venice*, or even of *Rome*, is to be preferred to that of the best situations in *Nice*, *Cannes*, *Hyerès*, as well as of *Mentone*, where rain is wanting, and where the air is dry, piercing, strengthening, and even stimulating.

I stop; I intended being brief, and I feel myself in danger of being carried away by my subject. Let me be allowed only to add this practical rule, which may be

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deduced from all that I have just described: No patient should settle at Nice without having first consulted a physician of the locality, so that after a careful examination, the propriety of his residence there, at all, and the most suitable part of the neighbourhood shall be scientifically determined. For want of such precautions, invalids run the risk of some danger, or at anyrate lose opportunities of reaping the full benefits of the climate.

THE STUDY OF THE MATERIA MEDICA.

By ALFRED C. POPE, Esq., of York.

(Read before the Northern Homœopathic Medical Association, October 14, 1864.)

THE art of medicine, as practised by homœopathic physicians, is based upon a study of the science of pathology, and of drug-pathogenesis. Linked together by the law *similia similibus curantur*, they constitute, as Dr. Dunham of New York has admirably shown, a true science of therapeutics.* In proportion as our acquaintance with pathology and the pathogenetic actions of drugs is complete, and in proportion as we rigidly follow the guidance of the homœopathic law in prescribing, do we find our success in the treatment of disease. The diligent cultivation, therefore, of the science of pathology, and the earnest study of the symptomatology of our remedial agents cannot be too strongly enforced upon our attention.

So interesting and so inviting to the student of nature is the study of pathology, that to urge its diligent cultivation is needless. On the other hand, in the study of the pathogenetic actions of drugs, the work is dry, tedious, and the reverse of inviting. The late Dr. Wurmb of Vienna

* *Homœopathy the True Science of Therapeutics.* By Carroll Dunham, M.D. Smith & Son, New York.

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writes thus of it:—"I am not ashamed," says he, "to acknowledge that if, when I commenced the study of homœopathy, I had not had the most intimate conviction of the truth and excellence of the homœopathic fundamental law, such were the difficulties in the study of the Materia Medica, that they would have been near repelling me from it altogether."*

Arduous as is the task, and uninviting as it may be, the *thorough* study of the pathogenetic properties of drugs is imperative upon us. If we would avoid the frequent occurrence of a supposed necessity for prescribing some antipathic expedient, if we would be armed against the danger of relapsing into the foggy territories of old physic, we must closely apply ourselves to the study of the Materia Medica. Success in the treatment of disease is not, as some would have us believe, a question of doses—it depends upon the degree of exactitude subsisting between the pathology of the diseases we have to contend against, and the pathogenesies of the medicines we use to arrest them. We must yield then to the necessity imposed upon us, and yield earnestly too. And let us remember that difficult as may be our work in this department of medicine when performed, as it ought to be performed, Wurmb and those, who like him, have most keenly felt the difficulties involved in wading through and obtaining a clear conception of the meaning of the many thousands of *indicationes morbi* contained in the provings of Hahnemann and his early disciples, are the very men who of all others most clearly understand the actions of the drugs comprising our Materia Medica.

But some will reply, "the imperfections of the Materia Medica as we have it, and especially as it exists in the English language, are so great that it is impossible and unnecessary to do more than gain a general idea of the

* *Oest. Zeit. für Homœop.* Bd. I. Hft. 3. s. 27.

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actions of the several drugs contained in it."—The charge may be to some extent true, but the inference is most assuredly as erroneous, as it is fatal to our success in practice. The chief shortcomings alleged by our critics are the artificial character of the Hahnemannic schema; the insertion of many imaginary symptoms, the mixture of chaff with wheat; and the errors of translators. The schema is unfortunate certainly, but in Hahnemann's *Materia Medica Pura*, and in his *Chronic Diseases*, the groups of symptoms are far from being so much broken up as any one accustomed to use Hempel's *Symptomen-Codex* as his work of reference would suppose. Doubtless many symptoms do appear as genuine which are not so, but as it is impossible to separate the true and the false, we must await a more extended and diversified experience *in usu in morbis* before we can presume to apply a winnowing process to our drug-pathogenetic records. Errors of translators are present, but they are neither so numerous nor so important as some pedantic critics aver. Most certainly our works on Materia Medica are susceptible of amendment, and will as certainly receive it; but let us not forget that with all its shortcomings, with all its errors of observation, with all the blunders, oversights, and liberties of translators, the English version of our provings has alone enabled the large majority of British and American homœopathic practitioners to encounter disease with a success far, very far in advance of any that either is or can be secured by the most eminent of allopathic physicians. Such a work, one that has enabled us to achieve results so brilliant is, I maintain, well worthy of our confidence, and quite available in affording us the information we require.

The study of the Materia Medica as it exists in Hahnemann's two great works is then, I conclude, both essential and possible. How is it to be accomplished? In two

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ways. 1st. By the examination of one or more remedies for the treatment of a case. And 2ndly by the systematic study of each medicine. Many practitioners have attained a very fair knowledge of the actions of the most important drugs by carefully searching for remedies wherewith to treat individual cases. A medicine, I will suppose, has, by the aid of a repertory and manual, been found which covers the symptoms of a case to be prescribed for. The attention having thus been drawn to it, its symptomatology is read, and the leading features of it are, to some extent, committed to memory. The medicine is by this plan remembered in connection with the case which led to its being thought over; or rather, I should say, with that form of disease to which the case belonged. This plan of study has two serious objections: it tends in the *first* place to give rise to routinism; for the chances are very great that should another case of the same form of disease for which we have successfully prescribed a studied remedy arise in our practice, we should be disposed to give this medicine in it—and so be liable to acquire a habit of prescribing for a disease rather than for a case of disease. And *secondly* our knowledge of the Materia Medica is certain by this method to become partial. We may have through it some acquaintance with those medicines in general use while many of equal value will be neglected. We have now provings of upwards of three hundred drugs, and at least half of these are so well proved, so thoroughly capable of being made useful in practice, that we ought to be more or less familiar with their spheres of action. Under the desultory plan of study I have alluded to this is hardly possible.

2ndly. By the systematic study of each medicine, and its comparison with others whose symptomatology is somewhat similar. By this method alone can we hope to

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ensure that complete knowledge of our subject necessary to enable us to prescribe with facility and success.

To the several points of view from which we should consider the symptoms that arise during a proving I will now briefly refer. Before doing so, permit me to commend to your attention as an aid in studying a medicine, the very complete plan for the general and special analyses of a proving proposed by Dr. Dunham in the essay I have already alluded to. It reminds me of a useful little book published by the Pathological Society of London, entitled *What to Observe.* Dr. Dunham's scheme stands in the same relation to therapeutics that the Pathological Society's *brochure* does to pathology. To recur. In the first place we have to obtain a clear conception of the sphere of a medicine's action. We must gather from the symptomatology whether the nervous system, the circulation, or the great function of nutrition is most disturbed; what tissues, whether the serous, fibrous, muscular, or areolar, are throughout the body most prone to be affected. The reading of the symptoms by the light which physiology and pathology have afforded will seldom fail to give us an accurate knowledge of the general action. We thus learn whether the organism is excited or depressed, whether the class of cases to which the medicine will prove homœopathic is characterised by sthenia or asthenia. The information thus attained is often of the highest value in practice.

Secondly. Having studied its general action, we next investigate the local modifications produced by our medicine. We carefully examine the symptoms which have been observed in each organ, and from this examination we ascertain for what organs it has an elective affinity. It is in the fact, that each drug influences one or more organs in preference to others, that we find a chief reason

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for our confidence in prescribing specifically. The nature of the disturbances excited in these organs must here be made out with as much clearness as may be possible.

Having then studied the general action of the medicine, having investigated the nature of those changes it gives rise to in the tissues and organs of the body, some practitioners there are, who would be ready to argue that we need go no further. Hempel in his *Lectures on the Materia Medica* stops at this point. But for the development of the homœopathic theory as satisfactorily as it is capable of development, the information regarding a medicine's powers thus far obtained is not sufficient. True it is, that there are cases in which we are unable to make use of any further investigation, when we must rely solely upon our theoretical knowledge of the general and local action of a medicine. Where, for example, the patient is an infant, or an adult who from some mental or physical defect, or from the severity of his disease is deprived of the power of communicating his sufferings to us; or again where, as in the pneumonia sometimes met with in typhus, the disease is latent, existing without any symptomatic evidence of its presence. These are, however, only exceptional cases, and in them we can but make the best use in our power of the limited opportunities for the investigation of our patient's state, and its minute comparison with the effects of remedies at our disposal.

But, because in these instances we cannot make a homœopathic selection of a medicine with such nicety as could be desired, it by no means follows that, in the large majority of cases, where we are able to obtain a clear account of all the patient's symptoms, minor as well as major, we should still be content with so very general and to some extent hypothetical basis in prescribing a remedy. Regarded in its true light the study so far of a medicinal proving is but the introduction to the more complete investigation of its

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properties. It enables us to understand more clearly its individual peculiarities, to recognize the forms of disease in which these peculiarities are likely to occur, and to group the whole symptomatology in a manner calculated to fix it in our memories. But if it is deemed ample for all emergencies it will in many instances lead but to failure and disappointment.

Thirdly. We require then a deeper insight into the action of a medicine. In order intelligently to prescribe a homœopathic remedy we must not merely be acquainted with the pathological nature, the general and functional changes it produces, with the broad outline of its symptomatology, but we must clearly define those minute changes, realise the precise indications of its action. We may not be able—in fact, in the present state of our knowledge, we are not able—to interpret pathologically these minute, microscopic shades of difference between the same forms of disease occurring in different persons, and between drugs whose general action is similar, but we know them as *facts*, we recognise them by the way in which they express themselves—by their symptoms. Such points of difference between drugs otherwise more or less alike, are those which are characteristic of each. As being characteristic they claim our special attention, while from our being unable to explain their nature they too often incur our neglect. The points of difference are slight, and easily escape our observation, and we are prone to regard them as trivial because we do not recognise their pathological import. But because we do not understand their pathological significance, have we any right to infer that they have none? Assuredly not. Is pathology a perfect science? Can we even now give a rational interpretation of every important symptom? Pathology has made rapid strides within the last thirty years, and still greater advances will be made by it. Such being the case, who

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shall say that at some future period the symptoms which we now regard as trivial, which some presume to treat as of no consequence, which are therefore left out of our consideration when selecting a remedy—that these so-called unimportant symptoms shall not be traced to their proper source?

As an instance of the necessity of paying careful attention to the individual peculiarities both of medicines and of diseases, let me cite a case from a very interesting paper by Dr. Bayes, on Intermittent Fever, recorded in the *Annals of the British Homœopathic Society* (vol. i. p. 457).

"The first of these four cases," says Dr. Bayes, "was the longest case of intermittent I have treated; the patient was nine weeks under treatment. I gave several remedies in succession with little effect—Quinine, China, both in bulk and various dilutions; Arsenicum, &c. At last I did what I ought to have done at first, carefully consulted the symptomatology, and gave Phosphoric acid, which speedily reduced the volume of the symptoms, and finally cured the disease."

In this case many of the symptoms were probably similar to many of those typical of cinchona and arsenical fevers, but there was some condition existing—pathologically inappreciable—in all likelihood trivial in its mode of expression—but of sufficient importance in reality to render the whole morbid state unamenable to any remedy which did not correspond to this inexplicable peculiarity, as well as to the more prominent and better understood symptoms of the fever. No alteration of the dose or dilution availed, the medicine chosen it was that was in fault, this being corrected the disease yielded.

While then the right comprehension of a medicine's sphere of action, or a correct understanding of the nature of its effects on individual organs and tissues are essential

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to enable us to appreciate the value, interpret the meaning, and gather the connection of the various symptoms occurring in different parts of the body—we must not rest satisfied with this amount of knowledge. We must carefully study the individual peculiarities of each drug if we desire to be as successful in curing disease as the means at our disposal admit of our being.

To attain that perfect individualisation both of pure, and artificial or drug disease, the necessity for which I have endeavoured to enforce, the various ways in which the symptoms express themselves must be attentively noted. Of especial importance is the association of the symptoms, the several connections in which the same symptom occurring from different drugs is found.

From the mode in which our provings are arranged this is often a difficult, and in some instances, an almost impossible task. Were all our provings recorded with the completeness and clearness of Dr. Drysdale's Bichromate of potash,* it would be an easy matter. Perhaps when the Hahnemann Publishing Society is once more aroused from its repertorial lethargy, we may have similar contributions—and I sincerely trust we may have many of them! But we have to deal with the Materia Medica *as it exists*. If, instead of relying on Jahr's Manuals, practitioners would revert to Hahnemann's *Materia Medica Pura* and *Chronic Diseases*, much less difficulty would be met with. In the latter books, though the same artificial arrangement prevails, the groups of symptoms are much more fully retained. As a slight illustration of my meaning I extract the following symptom from the proving of *Silicea*:—"Violent aching pain in the forehead in the morning, extending down to the eyes; accompanied with violent chilliness and nausea and

* *The Hahnemann Materia Medica.* Part I. Baillière, Lond. 1852.

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faintness in the afternoon; the eyes felt painful when turning them to one side and closing them, and the closed eyes were yet more painful when touching them."—Three or four other symptoms refer to pain in the forehead. In all, the pain is either aching or pressing, occurs in the morning, remains throughout the day, and is associated with catarrhal symptoms in the eyeball. In selecting this medicine for a case of frontal headache, we should be guided not merely by the general action of Silicea on the system at large, not merely by the fact that it produces a certain amount of cerebral congestion probably, not merely by the character of the pain, but also by its occurrence chiefly in the morning, by the presence of ophthalmic symptoms, together with faintness, chilliness and nausea. On one point here must we be on our guard. In order to have a true association of symptoms, they must have occurred naturally together, not have been picked up, one from one part of a proving and another from another part; not have been observed partly in one prover, and partly in a second or third; but the whole must have presented themselves connectedly in the same person.

In the introduction to the *Repertory of the Hahnemann Publishing Society*, Drs. Drysdale and Atkin very truly remark:—"Many who speak disparagingly of 'symptom covering,' seem to suppose that if a medicine has all the elements of a symptom, even though separate or in any connexion, no matter what, yet by stringing these together artificially they produce the homoion of the symptom. This is a very grievous error, and if such persons fail in their treatment of disease, it is neither a failure of the homœopathic principle nor of the plan of covering symptoms."

The period of the day or night at which a symptom was observed must be regarded. In the treatment of chronic disease this is often of considerable importance. The

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periodicity of disease, its intermittent and remittent character is distinctly recognised in pathology. Some there are who affirm that all forms of disease have periods of remission and exacerbation more or less clearly marked, and capable of being accurately noted. Though this may be an exaggerated view to take, it is only exaggerated. If then the periodicity of many diseases is a pathological fact, we are not at liberty to overlook the same phenomenon when present in those drug disorders which constitute our provings.

The exact position in which a pain occurred is likewise a matter of much greater importance than some practitioners seem disposed to allow. The side of the body for example on which a pain is met with cannot be disregarded. In some instances no one would omit to pay it due attention, as for example in the hypochondriac spaces, the site of the pain directing us in the one instance to an examination of the liver, in the other to that of the spleen. But when a pain is felt in the head so long, some would say, as it is similar in quality to that to be cured, it is a matter of indifference whether the drug produces it on the right or left side. And again, in muscular pains it would, according to the same authorities, be of little moment whether the right or left thigh was the seat of them, so long as the medicine gave rise to a similar pain in one or other thigh. This appears to me, in common, I am sure, with a large proportion of homœopathic practitioners, to be a fallacy. We may not be able to explain it, still the fact remains the same, that some drugs have an elective affinity for one side of the body in preference to the other, just as they have for one organ over another.

Looking back into the history of the physician's armamentarium during the past 2000 years, we see many drugs whose specific action has, as it were, been accidentally observed and has brought them into considerable reputa-

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tion for the cure of certain diseases; and yet after a longer or shorter period they have fallen into desuetude, and are now no longer permitted a place in the different pharmacopœias. Why is this? I believe that it arises, in a great measure, from their having been advanced as specifics for diseases, and not as they really were specifics only for certain cases of these diseases. Their minute peculiarities were unknown. The cases that gave them prominence were, as accidentally as their first appropriation as remedies, their exact similars; those in which they failed were only partially not exactly similar, just as Dr. Bayes' case was only partially similar to Bark. It was not from their inactivity, but from the true field for the development of their properties not having, in many instances, been correctly chosen that their doom as remedies was sealed. The use of many of these old medicines Hahnemann has, by his plan of proving, successfully revived. Let us therefore beware lest, we too ensure our disappointment through any want of attention to those minute details of the symptomatology of diseases and of drugs which have an aspect of triviality. Some of these trivial symptoms are likely enough to have been mere phantoms of the prover's imagination. But our clinical records and our daily experience fully assure us that a very large proportion are not so. "It may be very true," remark Drs. Drysdale and Atkin in the article already referred to, "that in many instances the elements of a symptom, such as various conditions and concomitants, are trivial, vague, or purely subjective, and therefore of no value as characteristics of the medicine; but often this is far from being so, and in a very large proportion of cases no one is able to pronounce, *à priori*, that any element is absolutely worthless, especially when we remember what we have learned as homœopathists of the infinite variety in actual disease, and the necessity of nice discrimination of the

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minutest shades of difference for proper homœopathic treatment."

Homœopathy is, it is true, a system of specifics: but it is so of specifics for individual cases, not for nosological forms of disease. We are guided in selecting a medicine not by a speculative view of the nature of the case simply, but by the *totality* of the symptoms it presents; and we may rest well assured that, where the totality of the disease symptoms is similar to that of the drug symptoms, the pathological condition constituting the disease will be as similar as possible to that capable of being evoked by the drug.

Two desiderata remain to facilitate the study of, and to enable us as fully to comprehend the Materia Medica as we require to do. *First*, we need a division of our drugs into classes. They want grouping; grouping according to the similarity of their several spheres of action. Several attempts at such an arrangement have been made by Drs. Constantine Hering, Teste, Hale, and the late Mr. Gelston of Liverpool. All are, however, more or less imperfect, and neither appears calculated to render our study of the large number of proved drugs more simple. The work of effecting such an arrangement as shall be satisfactory is great. As an eminent homœopathic physician, to whom I have recently written on the subject, says, "The difficulties are enormous, requiring an immense knowledge of details and great power to construct." But as the attention of homœopathic practitioners is more closely directed to the study and perfecting of the Materia Medica, I doubt not that it will be accomplished.

Secondly. Before any great advance is made, before any systematic study of a medicine in all its details can be satisfactorily published, re-translations of the medicines proved by Hahnemann and his early disciples must be made. The translations we have are doubtless adequate

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to help us in the vast proportion of emergencies we are called to meet, and the imperfections they contain are far from being either numerically or individually of sufficient importance to afford us an excuse for neglecting, or only partially performing the study of them in their English dress. Still we cannot rest satisfied with translations not entirely correct, we must have such as are absolutely reliable; and with the demand we may feel sure will come, in due course the supply.

The importance of pure observations—of accurate translations of these from the language of the people who made them, into that which we speak, that in which our patients describe their sufferings, cannot be over-rated. A pure Materia Medica is of the first importance. The question of the dose, the question of dynamization, and that which discusses the psora theory, all sink into comparative—aye, absolute insignificance beside the demand for a *thorough* knowledge of a *thoroughly* trustworthy Materia Medica. In the words of a reviewer in the *British Journal of Homœopathy*, "The Materia Medica is the very core and essence of homœopathy; and all practical advance in homœopathy means little more than the development and completion of it."*

NOTE FROM MR. D. WILSON.

Mr. Wilson presents his compliments to the Editor of the *Monthly Homœopathic Review*, and will be obliged by the publication of the following article,—from the *American Homœopathic Review*,—in which Dr. Lippe sets forth in a clear and forcible manner practical rules from the *Organon* from which no true follower of Hahnemann can dissent.

Dr. Lippe's views in reference to the discussion in

* *British Journal of Homœopathy*, Vol. XX. p. 94.

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which Mr. Wilson's name has been so freely quoted, are so identical with his own that he adopts them. Moreover the frequent repetition of sound principles, clearly expressed, tends greatly to the concentration of thought and efficiency of purpose and cannot be too often enforced.

The Editors of the *British Journal of Homœopathy* will perceive that Dr. Lippe in his valuable paper does not coincide with them in opinion when they say that no other answer, to define a Homœopathician, than that of Mr. Pope "is required."

WHO IS A HOMŒOPATHICIAN?

By Ad. Lippe, M.D., Philadelphia, Pa.

In the August number of the London *Monthly Homœopathic Review*, Mr. Pope's reply is a mere repetition of a negation-argument, whereas I had asked for a more explicit and positive definition of the position he assumes.

Where I spoke of Mr. Pope and his friends, I did not mean to imply that he officiously thrust himself forward to express, not only for himself but for others, views for which he alone can be held responsible, but I addressed myself to him and such Homœopathicians as, like himself, assume that name under the same erroneous views and false conceptions. By his own statement Mr. Pope includes among his friends Dr. Hempel, who assumed to define Homœopathy under solemn oath at Toronto, C. W., on the 8th day of April, 1859. His testimony went for naught, the prisoner, in whose favour he testified, was found guilty and confessed his crime before he was hung. So much for the personal explanation.

A remedy can never, under any circumstance, aggravate the disease; nor can a remedy ever cause a disease. There is the same great and important difference brtween a natural and a medicinal proving creating a change of sensational and even functional disorders, that there is between a progressive disease and the symptoms caused by the remedy administered in the

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largest or smallest dose to cure the natural disease. Both the symptoms of the prover and the symptoms generally termed "medicinal aggravation" cease of themselves, and if this "medicinal aggravation" occurs, in a curable case after the administration of the smallest possible dose, and it does often occur, this phenomenon is a certain and positive indication that the remedy was rightly chosen, and the improvement will follow without the slightest doubt; this improvement will not follow should the remedy be not rightly chosen—not homœopathic—and the progressive disease will further develope itself in spite of repeated or larger doses.—The remark that the "unchecked progress of disease" frequently follows the higher and highest dilutions is perfectly gratuitous, and if Dr. Cockburn reports to have seen sharp aggravations follow unmedicated globules he does not state what followed—the sharp aggravation was then undoubtedly the unchecked progress of disease and not what is understood among Homœopathicians under homœopathic aggravation.

That Dr. Hering does not mean under "rule," or as it should read "rules," the law of cure, the axiom *similia similibus curentur*, is self-evident. A law can never be a rule. A rule is the manner, the means, by which the law is applied. In the preface above referred to, Dr. Hering says, "We may differ in regard to the theoretical explanation of the law *similia similibus curentur*." What can be theoretically explained can not be a *rule* and still less a *practical rule;* therefore it is self-evident that Dr. Hering could not refer to the law of cure, or the axiom expressing that law as a "rule."

In the last paragraph of the same preface, Dr. Hering says, "There will always be a large number of physicians who either do not understand, or will not learn, how to select for each particular case the only proper medicine, and such always find it more comfortable to employ massive doses. There will always be, perhaps, as large a number on the other hand, who will, by and by, know how to hit the nail upon the head, and they will learn to prefer the high potencies." I hope that Mr. Pope who quotes this same preface as an authority to sustain his position, does not mean to adopt this comfortable system of practice.

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Dr. Hering obviously alludes to those physicians who employ massive doses, as men who think more of comfort than of troubling themselves to understand or seek for the proper medicine adapted to each particular case. "The dynamization theory may be true or false, and Homœopathy remain unaffected." Such is the opinion of Mr. Pope. On this point we differ entirely. The dynamization theory is true and essential to Homœopathy, true in theory and proved so in practice. This theory, is now, and will remain, the test by which we know the true Homœopathician from the pretender.

"The truth of Homœopathy does not depend upon the provings of Carbo vegetabilis being correct or otherwise," says Mr. Pope. I called his attention to the provings of Carbo vegetabilis as the point (time) when Hahnemann in his onward course developed before and communicated to his pupils, this dynamization theory which he had for years kept prudently to himself, awaiting further proofs of the correctness of the discovery. To doubt the correctness of this theory is to give proof of a shaken and weak faith in the experimental provings above mentioned. Mr. Pope acknowledges "that some symptoms at any rate, said to have occurred from persons taking it in some form or other, are correct," and adds that "he is not aware how the symptoms were obtained." It is to be regretted that Mr. Pope knows no more about the history of Homœopathy. In the introduction to Carbo vegetabilis Hahnemann says, "A considerable quantity of Charcoal in the crude condition can be swallowed without causing a change in the sensation." The inference* from this

* The *inference* is a stubborn fact for which Dr. Lippe has the highest authority, see Hahnemann's introductory remarks to his *original* proving of Carbo vegetabilis, comprising 720 symptoms, *Reine Arzneimittellehre*, Vol. VI., where in 1827, after explaining how the millionth preparation is made by three successive triturations, he distinctly says:

"Beifolgende, eigenthümliche, reine Wirkungen der Holzkohle auf das menschliche Befinden erfolgten auf die Einnahme einiger wenigen Grane dieser millionfachen Pulververdünnung der Holzkohle." That is to say:

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remark must be, that the provings were not made with the crude substance, and when Hahnemann in the next following sentence continues, "only by rubbing the charcoal, as also other medicinal substances, apparently inert in their crude condition, with a non-medicinal substance, as sugar of milk, and by dissolving this preparation and by *potentization* (shaking) of the solution, the hidden, and in its raw condition, latent, so to say slumbering, dynamical medicinal power is awakened and becomes alive, while the material external disappears," he gives utterance to the dynamization theory. If, as Mr. P. further says, "some drugs by prolonged trituration develope power to effect the human organism," why do not all have the same power, and if not all, which of all? and, if to any extent, where is the limit?

We arrive now at a point of logic which baffles my comprehension of a learned man.

Mr. Pope claims that the man who practises giving crude drugs is a Homœopathician and, as the inference, that the man who gives potencies, and above all high potencies, is not a Homœopathician. Both, certainly, can not claim to belong to the same school, as it becomes evident by the very explanation consequent upon the attack, illiberal and unprovoked as it is, made by Mr. Pope and his friends on the followers of the immortal master, Hahnemann, that this very question of the dynamization theory forms the barrier between the Homœopathicians and the pretenders. As to Mr. Pope's logic—It is admitted that crude drugs cure according to the law of cure. It is asserted and proved that Hahnemann after he became con-

"The following, peculiar, pure effects of Charcoal on the human health resulted from the taking of some few grains of the *millionth* attenuation of the Charcoal." Hahnemann goes on to say that its medicinal powers may be developed in a still higher degree through a further trituration of one grain with another 100 grains of pure sugar of milk, but that such is not necessary in Homœopathic Pharmacy. At the third trituration (millionth degree) as we know the most insoluble substances become soluble when solutions can be more expeditiously made with water for which we substitute at the 5th dil. spirits of wine when the dilution is to be preserved.—[D. W.]

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vinced that he had found the true and only law of cure, did also, after becoming more intimately acquainted with the effects of medicines on the human organism, find it necessary at first to diminish the quantity of medicine, and later discovered the dynamization theory which opened a new era in the cure of formerly incurable diseases. The law of cure and these practical rules were the foundation of Homœopathy. Mr. Pope stands at a great distance from these developed truths and claims to have as good, nay a much better right to be a Homœopathician than those who have accepted the practical rules of the master; he claims the right to ridicule and, if possible, to expel men who have become convinced, by experiment, that Hahnemann's practical rules, one and all, are correct; he claims the right to deny the correctness of these rules without having made the experiment, to make which, indeed, he clearly proves by his own confession that he lacks the requisite knowledge. Mr. Pope says in answer to my declaration "*high potencies cure where the low do not*," perhaps they do, but the cases illustrating this assertion are marvellously few, and, were they legion, would not affect the argument at issue. Dr. Eidherr's reports, of *marvellously many* cases, remains a closed book to Mr. Pope; and why? If such proofs are not admitted, all argument ceases. If Mr. Pope will not condescend to give the world one single case well stated, in which he has selected the truly homœopathic remedy, and has then administered a high potency according to the homœopathic (Hahnemannian) rules and, the case remaining unchanged, has then given with success the same remedy in its crude state, this *one* solitary, only single case would be the beginning as an offset to the evidences fast accumuling on the other side. Mr. Pope's word is not doubted; he and his friends may think they have seen what they state, their observation may turn out to be an optical illusion, and we must insist on knowing what he or his medical friends profess to have seen so that they may be able to establish their claim as proper judges and witnesses of and in the question at issue. But while we have his own admission that there are cases known establishing my above assertion, and while the

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cases of Mr. Wilson's cure of a dangerous pneumonia by Lycopodium [200], and other cases of the kind, and Dr. Eidherr's report remain on record uncontroverted, and not one single stubborn fact is quoted proving the contrary, I shall insist upon it that "high potencies cure where lower ones do not." I defy Mr. P. and his friends to prove to the contrary, how can it be true that crude drugs cure as well as potencies? I repeat again that no one ever, and in any way, has denied that crude drugs when applied according to the homœopathic law of cure, have cured diseases. But if it is true, as Mr. P. says, and I hold him to his own declaration, London *Monthly Hom. Review*, Vol. 8, p. 8, "It is further necessary that the amount of drug given to cure be less than that required to produce disease."* I ask, does Mr. Pope know how the provings of the known drugs were made? how the most characteristic and thereby valuable symptoms which guide us in the selection of the truly curative remedy have been obtained? has he ever investigated the comparative value of the symptoms produced by crude drugs and those produced by potencies? He certainly cannot have done so! Sulphur, for instance, would give him a good opportunity. He would see what were the results of the provings with the crude substance, the lower potencies, the thirtieth potency, and

* This is an important admission to which we cannot too often refer. The necessity of administering to the sick "less [medicine] than that required to produce disease" has been admitted;—it was recognised by the allopath Jörg in 1825. Nevertheless there are men calling themselves Homœopaths who ignore the efficacy of the globule although we are distinctly told by Hahnemann in some of his introductory remarks to *original* provings that the latter were made with "a few globules, the size of poppy-seeds, moistened with the *decillionth* dilution." I have now before me *two* of Hahnemann's early and important remedies in which nearly 400 symptoms of original provings resulted from taking the much derided globules of the 30th power. And but for the symptoms thus obtained we could not select such remedies for the sick when indicated. Well may Dr. Lippe ask practitioners if they "know how the provings were made"—seeing it has been admitted as *necessary* "that the amount of drug given [to *cure* the sick] be less than that required to *produce* disease."—[D. W.]

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which of the symptoms produced by any of these doses guide him in the selection of a remedy. If he then finds that he is now guided by the Sulphur symptoms obtained from the thirtieth potency, he can no longer administer the crude drug, but by his own admission must give less than was required to produce disease. If he follow this rule only, we will say, under Lachesis, or Natrum mur., or Lycopodium, or Silicea, or Carbo animalis and vegetabilis, or Arsenicum met., or Lachnanthes tinctoria or any other proved remedy, he will collect sufficient material and will be compelled against his will to prove my proposition correct, his logic erroneous and his assertions unfounded.

When I further say, "that in every instance in which a lower potency has even *relieved*, not *cured* a case to which a higher potency of the same remedy had been given without success, this relief had proved to be only the palliative effect, not the curative action of the remedy"—I mean this and take no round-about way of saying anything else. I meant further—but did not wish to be rude, depending on the expected good sense of Mr. Pope, who would see at a glance, that I do mean; that when he and his friends assert that they have cured a case with a low potency (or as he has it, "crude drug") where a high potency of the same remedy had been given without effect, this assertion or statement is erroneous, such boasted *cure* invariably, will and must, has been, and ever will be, but a *relief*. As these boasted *cures* do not exist, of course they cannot see daylight. Give us one case.

Mr Pope says he has given *his* definition of Homœopathy on the eighth page of the *Review*, and that he can not be more explicit, for which I am very sorry indeed. The historical development and the consequent fundamental laws with their practical rules are so plain that there should be no dispute about them among the followers of Hahnemann, who all, of course, acknowledge them; nor can one rule be set aside without disturbing the harmony of the whole structure. According to their development they are

1. *Similia similibus curentur.*

2. Provings of drugs on the healthy (creation of a Materia Medica).

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3. The medicinal powers (curative virtues) of medicines are developed by potentization.

Then follow the practical rules,

a. The examination of the sick.

b. The choice of the remedy (only one at a time, no alternations).

c. The administration of the remedy (no repetitions before the dose administered has exhausted its action).

d. Preparations of medicines (dynamization).

If Mr. Pope would read the *Organon*, Hahnemann's *Materia Medica* and *Chronic Diseases*, and then make the experiment as taught by the master, he may correct the definition and we might continue the argument.

When Mr. Pope says in the next paragraph "I find no fault with Mr. Wilson for imagining that Lycopodium^{200} cured a case of pneumonia all but moribund before that marvellous agent was, through the medium of *aqua pura*, introduced into the patient's organism," I am inclined to think that Mr. P.'s imagination is too fickle. The case in question has been discussed in the reviews, both in England and the United States, and the evidence is so overwhelming against Mr. Pope and the men who think as he does, that as a last resort the truthfulness of the case is denied. There is scarcely a case on record on any of our medical journals that is so full of corroborating evidence as that of Mr. D. Wilson, and so full of *instruction*. The experiment convinced Dr. Bayes that he had assumed a wrong position and he acknowledged it. The experiment must decide.

Mr. Pope objects "to the arrogance and presumption which demands for those, *for those only*, who credit such extraordinary —I had almost written supernatural—assertion, that exclusive right to a title for which they can show no special or peculiar claim." Mr. Pope, who has proved himself a stranger to Homœopathy, its Materia Medica, its fundamental doctrines and the literature of the day, is certainly very polite in expecting the followers of Hahnemann who, he ought to remember, are on the defensive only, to retire leaving the field to himself and his friends. But what he still more objects to is "that with so

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much remaining to be done in sifting the Materia Medica,* with the urgent call for accurate translations of original provings, with the need so frequently expressed, for an examination of the relations borne by well proved medicines to clearly defined forms of disease, with the whole superstructure of the science of therapeutics waiting its erection on the foundation laid by Hahnemann," or in fewer words he demands,

1. A correct translation (into the English language) of the Materia Medica.

2. The adoption and classification of well proved medicines in their relations to pathological forms of disease.

The first demand has been made, and the necessity for it has been proved by the very men whom he and his friends oppose and prosecute—his friends are more anxious to have a *Repertory* from the imperfect material before them.

The second demand is an absurdity. Even the progressive physiological school teaches the duty of the physician is to treat *the sick* and not to treat *diseases*. Homœopathy has enlightened these progressive opponents on that point, and positively teaches that we must select for each individual case the truly curative remedy according to *the* law of cure.

The English reading homœopathic practitioners should thankfully receive the reviews of the shamefully false and erroneous translations of our works, by men who are competent to make them. If Mr. Pope were a reading and inquiring disciple of Hahnemann, he would know that, for the last decennium, the short comings, the wilful perversions, errors, and omissions of Hempel as a translator have been published and proved. Does Mr. Pope know where to find in the British homœopathic literature the confessions that the old disciples of the masters cured

* "So much remains to be done in sifting the Materia Medica." By what persons and when has the Materia Medica been *sifted* already, and *what* remains to be *sifted*? We cannot strike out one solitary symptom. The question of *sifting* the Materia Medica has been fully discussed and Dr. Roth's propositions have been well *sifted* in the *Vierteljahrschrift*—vide the Chessmove.

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more diseases than the present homœopathic physicians, such as call themselves so, do.

That the present discussion has been productive of more evil to the progress of Homœopathy, as understood by Mr. Pope, is an unlooked for acknowledgment, but we are glad of it. The class of physicians who think, write and practise like Mr. Pope and are termed his friends, Hempel included, are well aware that the attacks made by them, in private, on the Hahnemannians remained deservedly and with propriety unnoticed by the Homœopathicians, who solely relied upon the results of their practice. Taking this silence as an evidence of weakness, they resorted in their blind opposition even to the journals and text books (*vide* Hempel's *Materia Medica*). If argumentative answers were offered, they were treated as the great truths of the great master are treated by the Allopathists with ridicule. *Vide* the London *Monthly Review*, Vol. 8, No. 5, p. 296.

The present discussion has been productive of the extension and proper comprehension of true Homœopathy. Should this discussion be carried on in the same spirit in which Drs. Dudgeon, Pope, Hempel and others have carried it on, their victory, if victory it be to be allowed to have the last word, must end in a thorough defeat. I did *not complain* that Hempel, while under solemn oath, testified that he gave one-fifth of a grain of Arsenic in cholera—but *I quoted his testimony* and repeat it as before: "In homœopathic treatment, I have given as much as one-fifth of a grain of *Arsenic* in the Asiatic cholera, *and* have repeated *that* dose from twelve to fifteen times in forty-eight hours. The patients have done well and recovered." The judge and the jury paid no attention to this testimony which was a contradiction to all scientific experiments, to all the accumulated testimony collected in medical jurisprudence, to all the works of Toxicology, but above all to the testimony deposited by Hahnemann in his *Chronic Diseases*, and particularly in his introduction to Arsenic.

I have attended cholera patients, never lost one. I have seen cases of poisoning by Arsenic, and have diligently studied its effects, but must lament the gross ignorance of Mr. Pope who,

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for a moment, can see a similarity in the symptoms characteristic respectively of cholera and Arsenic.

The Cholera patient is resigned and takes no interest in any thing.

The Arsenic patient is restless, tosses about, has fear of death.

The Cholera patient has much thirst, for large quantities of water.

The Arsenic patient drinks little and often.

The Cholera patient is averse to being covered.

The Arsenic patient is relieved by heat.

The Cholera patient has a clean cold tongue.

The Arsenic patient has a hot tongue, at first red on the edges and on the tip, later white all over and finally black.

The Cholera patient wishes to lie, can scarcely be persuaded to sit up and to take a deep inspiration, which relieves him.

The Arsenic patient does not lie quiet and taking a deep inspiration does not relieve him.

The Cholera patient vomits large quantities and has then rest for some time.

The Arsenic patient continues his fruitless efforts to vomit.

The Cholera patient has spasmodic pain in the abdomen.

The Arsenic patient has burning pain in the intestines and anus.

The Cholera patient has his abdomen relaxed, fallen in.

The Arsenic patient feels a continued tension in the abdomen.

The countenance is different, etc.

The symptoms of fatal Arsenic poisoning are of little, if any, therapeutic value, we meet them in the last stage of fatal disease, and Arsenic then never produces any effect.

My time is too valuable to enlarge further on the subject; if I have proved to Mr. Pope the necessity of reading first the standard works on Homœopathy, of learning and applying the practical rules of the master before he again asks the question "Who is a Homœopathician?" I shall consider myself well rewarded for having defended the cause of Homœopathy. I might almost hope that my efforts might be successful did I not find Mr.

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Pope, who writes for the party that has adopted the offensive, so utterly devoid of the knowledge of the history and literature of Homœopathy. And here while I take leave of Mr. Pope I must at once express my utter abhorrence of the manner in which he slanders our immortal master on the first page of his paper. For it is a slander to say that Hahnemann adopted the extremely infinitesimal doses partly in consideration of the dispensing monopoly of the German apothecaries. Hahnemann knew no fear, he threw down his glove before the mighty and influential opposition, he never yielded one iota to interest and prejudice, and the great and good master lived long enough to see his disciples promulgate his newly discovered art in all countries of the globe. Homœopathy, progressive, will finally overcome, and is now overcoming, all and every effort to destroy it by assimilating it with false and erroneous teachings of the opposition, by the allopathic school and the pseudo-Homœopathicians.

MR. WILSON'S LYCOPODIUM CASE.

LETTER FROM DR. FENTON CAMERON.

SIR,—As a believer in the power of the high dilutions of medicines to cure disease positively, directly, and per se, I write the following note to point out the VERY unfair judgment which is pronounced in the last number of the *British Journal of Homœopathy* upon the STATE of the patient in Mr. Wilson's now famous Lycopodium-case published by him in the *Homœopathic Review* of the 1st July, 1863, and which has excited such an amount of controversy. I have no wish to re-open the controversy, and nothing in the following letter has any tendency to do so. Every one has, of course, a perfect right to form his own judgment as to how much or how little effect was exerted by the medicine in producing the cure which followed its exhibition; but no one has a right, in commenting on this or any other case, to pervert facts, which has been done in the instance to which I am about to call your attention.

In an editorial paper in the last number of the *British Journal of Homœopathy* entitled "Our Relations with the Old School," the writer, while commenting upon a case treated by a Dr. Sorge in which "the alæ nasi were visibly moved," refers to Mr. Wilson's case by saying that "the narrator of the case, who has the reputation of a considerable practice, lays great stress upon this symptom as an indication for lycopodium." He then, as he has an undisputed right to do, goes on to give his own ideas of the cause of this phenomenon, and gives as examples a horse

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panting after a race, and a hysterical girl suffering from any impediment of breathing. But he does not stop there; he proceeds to say that Mr. Wilson's patient was "manifestly hysterical," whereas, by referring to the case as recorded in your Journal, any person, qualified by education and experience to judge, will see at once that there is absolutely nothing in its details to warrant such a dictum.

He says, next, that "the recovery was probably in great measure due, first, to lapse of time, for as a rule all SIMPLE cases of pneumonia in young persons get better of themselves."

The facts, as recorded, are that the patient commenced to be out of sorts on the evening of the 10th of April. This state lasted till the 12th, when slight hacking cough first came on, and on the 13th the disease was developed, and advanced so rapidly, that Dr. Capper considered the young lady in "great danger," and Mr. Wilson was telegraphed for, who arrived at 2 P.M. on the 13th, and forthwith prescribed Lycopod., within two hours from the giving the first dose of which medicine improvement commenced; and continued uninterrupted to perfect recovery. The writer MAY be right in imputing this recovery primarily to the agency of time, although the immediate change on the exhibition of the medicine seems very decidedly to contradict this; but what words can be strong enough to condemn his assertion that the disease was a SIMPLE case of pneumonia when "an inflammatory condition of the liver and peritoneum" are recorded as co-existing with the pneumonia? Has the writer any private information which justifies him in thus practically, if not in so many words accusing both Mr. Wilson and Dr. Capper of an untruth? If he has, he ought to produce it. If not he ought at once to retract and apologise.

What he next mentions as a probable agent in the recovery is the confidence of the patient's medical attendant in his powers to cure, "a most important element in dealing with such" [hysterical?] "patients." What a blessing this "confidence in his powers to cure" must be to a medical man, and what a comfortable superabundance of the precious quality Mr. Wilson must have, for we have every reason to believe, from the record of the case, that he left very soon after prescribing, as we find the lady, under whose care the child was, beginning to record effects from the time of the administration of the first dose of the medicine.

It is well known that the *British Journal* is a champion of the so-called improved school of homœopathy which deals with the low and the material dose, and as I said before it has a perfect right not only to its opinions, but to advocate them in every fair manner. It may assert that time aided the cure or that the

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NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

confidence of the physician in his powers to cure did much even although he saw the patient only once, but when, after the lapse of so many months, and when the controversy has long dropped, the *British Journal* comes forward and asserts, *editorially*, that the patient was hysterical, and that the case was one of simple pneumonia in order to cast discredit upon the curative power of the remedy or rather dilution of the remedy, such conduct ought to be exposed as dishonorable and unprofessional, because advancing assertions which are contradicted by the recorded and hitherto undisputed facts, and which can only mislead the searcher after Truth.

I am, Sir, yours truly,

G. Fenton Cameron, M.D.

London, 11*th Oct.*, 1864.

NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

The Autumnal Meeting of this Association was held at Sheffield on the 14th of last month. There were present Dr. Scott of Huddersfield, in the Chair; Dr. Pyburn, Hull; Dr. Ryan, Sheffield; Dr. Dunn, Doncaster; Dr. Pearce, London; Dr. Cameron, Huddersfield; Dr. Bradshaw, Nottingham; Dr. Evans, Bradford; Dr. Wilson, Hull; Mr. Gray, Sunderland; Mr. Fraser, Hull; and Mr. Pope, York.

The minutes of the last meeting having been read and confirmed, the following gentlemen were admitted members of the Association: Dr. Casanova and Dr. Harvey of Southport, Dr. Drummond and Dr. Rayner of Manchester, and Dr. Clare of Leeds. Drs. Casanova, Harvey, Drummond and Clare subsequently joined the meeting.

Mr. Pope of York was re-elected General Secretary and Treasurer for the ensuing year.

A paper was now read by Mr. Pope on the Study of the Materia Medica. This essay will be found in another portion of our present number. In the remarks which followed, Dr. Evans and Mr. Fraser said that it was almost impossible for a practitioner who was compelled to see daily a large number of cases, to study each with the minuteness which had been argued as necessary. Dr. Pearce had, he said, found the study of the Materia Medica as difficult as most men; but that he had succeeded in acquiring a knowledge of it by studying the Hahnemann Materia Medica and Chronic Diseases. His plan was to collect together all the symptoms attributed to each prover under each prover's name, reconstructing as it were the original experiments; and by so doing he gained a more complete insight into the sphere of each medicine's action than by merely

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NORTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

reading the details as given in the Hahnemannic schema. Jahr's Manual he did not recommend. He had also received much instruction from the study of cases of irritant poisoning. He further urged the need of studying out the general pathological condition excited by a medicine; illustrating his remarks by the recital of several interesting cases. After observations by one or two other members,

Dr. Dunn moved, Dr. Pearce seconded, and it was resolved—

"That the thanks of this meeting be presented to Mr. Pope for the paper he has now read; that he be requested to publish it, and that a copy be sent to each member of the profession publishing homœopathically in the United Kingdom. That the expense so incurred be defrayed by the funds of the Association."

Mr. Pope having acknowledged the compliment the members had paid him, the business of the meeting was brought to a conclusion by appointing Huddersfield as the place of the next meeting, which will take place in May, 1865. Dr. Pyburn was chosen as the President-elect, and Dr. Wilson Vice President-elect. Dr. Cameron was elected Local Secretary.

A Dinner at the Victoria Station Hotel took place in the evening, terminating the most successful meeting the Association has held since its revival in 1862.

LIVERPOOL HOMŒOPATHIC MEDICO-CHIRURGICAL SOCIETY.

At the next meeting of this Society, Nov. 2nd, Dr. Stokes will read a paper on "Diet and Regimen as connected with Medical Treatment." Dr. Simmons' paper read at the last meeting, was not received in time for the present number.

OFFENSIVE TRADE.

An advertisement in this number of our *Review* shadows forth another case of oppression on the part of our allopathic brethren, and shews how virulent is their hatred of homœopathy.

Mr. Walker, one of the oldest of our homœopathic chemists, had last year occasion to change his place of business, and removed into Grosvenor-street. Now Grosvenor-street is undoubtedly very aristocratic, and few are allowed to carry on business in it. Mr. Walker, however, had permission from the owner of the house he took to carry on his business in it. For about a year all went well; many of the noble families in the street welcomed homœopathy and patronized it; but unfortunately an unusually large number of allopathic physicians and surgeons dwell in Grosvenor-street, their number according to the last Directory being not less than twenty-two,

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a dozen surgeon-dentists not included. These gentlemen could not bear to see the hated symbols of homœopathy in their midst, and by way of a remedy rooted up a copy of the original lease of the house from the ground landlord. To their comfort and delight they found a clause in it which prohibited an open shop being made, and they at once communicated the fact to the lawyers of the latter. The consequence is, Mr. Walker has been obliged to close his shop and remove all appearance of homœopathic medicine from the public view.

We are glad to see from the advertisement that Mr. Walker does not intend to remove, but will continue to carry on his business in private on the same premises. We trust he will be supported and encouraged by the homœopathic public, and that the evil intended to him and our cause may eventually be a source of good to both.

OBITUARY.

DR. FRANZ WURMB.

It is with deep regret that we announce the death of our distinguished Viennese colleague. Dr. Wurmb has been known for many years as one of the most zealous and hardworking of homœopathic physicians. He died at Vienna about the 14th or 15th of last month, of pulmonary tuberculosis, after an illness of nearly two years' duration. We hope in a future number to be able to give some particulars of his life.

BOOKS RECEIVED.

New Remedies: their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By Dr. E. M. Hale.
Family Homœopathy. By Dr. John Ellis.

DISPENSARY REPORTS.

HULL HOMŒOPATHIC INSTITUTION.

Medical Officers—James Pyburn, M.D., L.R.C.P. Lond., &c.
Evan Fraser, Esq., L.R.C.S. Edin.
Treasurer—John Skilbeck, Esq.
Honorary Secretary—John L. Seaton, Esq.
Chemist—Mr. Joseph Dixon.

Number of patients attending during the month of September	548
Paying 1s. 6d. per month	458
On Subscribers' recommendations	90
Discharged cured, &c.	60
Relieved	4
Result unknown	26
Still under treatment	247

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DISPENSARY REPORTS.

LIVERPOOL HOMŒOPATHIC DISPENSARY.

Medical Officers.

Consulting Physicians—Dr. DRYSDALE and Dr. WRIGHT.

Consulting Surgeon—JOHN MOORE, Esq., Napier-terrace, 51, Canning-street.

Physician—Dr. HAYWARD, Vernon-house, Mount Vernon-road.

Surgeons—THOMAS H. WILLANS, Esq., 82, Rodney-street;
E. L. HUDSON, Esq., 10, Bedford-street-south;
R. T. GEOGHEGAN, Esq., 3, Kenyon-terr., Claughton.

Honorary Dentist—H. C. QUINBY, Esq., 21, Rodney-street.

Non-Resident Stipendiary Physician—Dr. SIMMONS, 13, St. James's-road.

House Surgeon—F. J. TUCKER, Esq., M.R.C.S.

Chemists—THOMPSON & CAPPER, 43, Bold-street, 4, Lord-street, and 46, Pembroke-place, Liverpool, and 32, Hamilton-street, Birkenhead.

The number of patients prescribed for at this Institution during the month of September was as follows:—

Old patients	2110
New „	736
The number of old patients visited	288
The number of new patients visited	63
Total	3197

THE POTTERIES' HOMŒOPATHIC DISPENSARY, AND EYE AND EAR INSTITUTION,

Bagnall Street, Hanley.

Physician—Dr. MOORE, Shelton-house.

House Surgeon—E. ATHERTON, Esq., M.R.C.S.E.

Chemists—J. B. ROWLEY & Co., Market-square, Hanley.

Hon. Sec.—E. PAMPHILON, Esq., Stoke-on-Trent.

Number of patients prescribed for during the Quarter ended Sept. 30st, 1864:—

Old patients	2229
New ditto	307
Number of patients visited	241
Total	2777

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THE MONTHLY

HOMŒOPATHIC REVIEW.

A BATCH OF HOPELESS CASES.

By Neville Wood, M.D. Edin.,

Fellow of the Royal College of Physicians of Edinburgh.

A few cases are here thrown together, of acute and chronic diseases of very various kinds, but agreeing in this one point, that a fatal or an unsuccessful issue seemed almost inevitable in every one of them. It may be remarked also, in these days of gross and material doses in homœopathy, that globules and the higher attenuations were almost invariably used. Such attenuations (the 12th to the 30th) have been, and continue to be, wonderfully curative, when the remedy selected is truly homœopathic. The rule of giving one remedy at a time was also adhered to, as the common alternating practice seems to me highly objectionable, both practically and theoretically. I have seen a prescription in whieh five different homœopathic medicines were ordered to be taken in rapid succession! It is only fair to say that this outrageous practice is exceptional. But it is very common to prescribe two medicines in alternation, *secundis horis*. So common, indeed, that patients almost look for alternation as a matter of course, and think themselves ill-used when they receive one medicine at a time. It is well that cases treated by a single remedy at a time, and with high attenuations,

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should occasionally be made public, not merely because such practice accords with that of the early homœopathic physicians, but also because it is supported by so great an accumulation of evidence, whereas the more modern practice is founded mainly upon theoretical considerations. It is known that some of our most successful practitioners still believe in infinitesimals, and it is a pity they do not more frequently publish cases showing that they believe in the efficacy of globules of the 30th attenuation in the worst cases of acute disease. There are men still living who are not frightened when an anxious mother asks if tinctures will not be used in such a case, say malignant scarlet fever, the said mother adding, "Dr. —— always gives tinctures of the first or third dilution in acute cases." The brave doctor, confiding in minute doses of a well-selected remedy, replies, "No doubt Dr. —— had good reasons for using tinctures of low attenuations in the cases you speak of; but I consider that globules of the 30th will best succeed at the present time, in the present case. When a change appears to be required, I will make it."

Case I.—*Humoral Asthma.*

A poor widow, 65 years old, living in Pimlico, had a severe attack of asthma early in October 1864. There had been several previous attacks, but much less intense, and not demanding medical treatment. The present illness was occasioned by exposure to damp cold air. The lungs and bronchial tubes were at first charged with large quantities of thin watery fluid, which was got rid of easily by coughing and vomiting. Soon, however, the air-cells and air-tubes became loaded with a thick mucus, and the patient was now so exhausted that she could make no effort to relieve her chest. The breathing was painfully laborious, and it was absolutely necessary to keep the body upright. The patient feebly whispered that her

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chest felt as if it were on fire, while her feet and legs were cold. A clammy perspiration lay on the forehead and back. The patient could not make the slightest attempt to relieve the burning thirst without risk of suffocation. Pulse intermittent, almost extinct; lips blue; expression haggard and anxious; face livid and swollen.

Ordered a thin warm linseed-meal poultice for the chest; hot bottles to the feet; the lips to be moistened with cold water. To take *arsenicum*, three globules of the 30th attenuation, dry, every three hours.

Six hours afterwards, in the evening, the patient could with difficulty swallow a few drops of water. That night there was a little disturbed sleep, interrupted by frequent choking attacks, but no cough. The next night the choking was less violent, and there was some cough, but still no mucus was detached. On the third night there was more cough, and it was possible to bring away some tenacious mucus from the throat; then more cough, and more mucus discharged by coughing, with intense relief. The good woman who, though no relation, left her own poor home to attend for pity's sake upon this sick fellow-creature, announced with delight the cessation of the cough, and afterwards with alarm its return. It was vain to attempt to explain that in this case the cough and the power of coughing were favourable features of the case, and beneficial as tending to relieve the chest. Very likely she thought I was doing my best to relieve the sufferer, but at the same time throwing dust in the eyes of her attendant! From that time there was gradual amendment, and in ten days the patient was out of bed, nearly well.

This case presented many difficulties besides those already mentioned. There was old-standing disease of the heart; the patient was almost alone in the world; and she lived in a sort of damp outhouse. On one occasion I found it impossible to obtain admission to her room, as

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she had been locked in, and had no power either to get up or to make herself heard. When she was recovering, she expressed a strong wish for some mushroom ketchup with her mutton chop. "Mushrooms!" exclaimed her friend; "bless you, sir, you wouldn't have far to go for them, for they grows under her bed!" And so, sure enough, they did, in the shape of "toadstools" on the damp wall!

Arsenicum 30 was the only remedy used in this case. Several other less severe cases of asthma presented themselves for treatment in the same neighbourhood. The Union surgeon, who saw the poor woman before I was consulted, declared the case hopeless.

Case II.—*Dysentery.*

A widow, about 60 years old, had, in the middle of April 1864, an attack of dysentery, preceded for three weeks by ordinary diarrhœa. The case had at first been treated by an allopathic surgeon, for costiveness. The purgative drugs occasioned a diarrhœa that it seemed impossible to stop. I saw the patient towards the end of April, late at night, in the cottage on Putney Heath in which the famous robber Dick Turpin formerly lived. The ancestors of my patient had lived in this cottage—father, son, grandson, and so on in direct line—for upwards of a hundred years, and had during the whole of that time been served by one family of bakers. A gentleman in whose family the woman had lived as nurse, finding that the surgeon gave up the case, merely desiring to be informed next day at what hour the sufferer died, asked me to go with him and see what could be done. "I don't expect you to save her life, but I think you can give her a little ease." The gentleman had tincture of *arsenicum* and tincture of *veratrum* in his pocket, intending to give these remedies had I been absent from home when he called.

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I found the woman sunk down in the bed, lying on her back, the bowels moved unknown to herself almost constantly. The tongue and lips were black; there was severe pain, at intervals, in the abdomen, but no inflammation. The patient's life seemed to be ebbing and draining away. Every kind of nourishment was vomited as soon as taken, and the skin was hot and dry. Feet swollen, and body frightfully emaciated.

Ordered hot dry bran to be applied to the stomach. To moisten the lips with weak cold brandy and water. To take no nourishment till the sickness and dysenteric purging began to abate; then to have tepid veal tea, a teaspoonful at a time.

To take *arsenicum* $^{3}/_{30}$, in solution, every hour; and, if amendment set in, then every two hours. If after the third dose there was further sinking, with cold sweat, to substitute *veratrum* for *arsenicum*.

The next day, the patient was not only alive, but much better. The bowels were moved less frequently, there was less pain, and there had been a little sleep.

After this, though there were partial relapses, the improvement was steady and even rapid, and in three weeks the patient was up and cured of her malady, though still weak. Her former medical attendant was unable to comprehend how such a case was saved. A benevolent lady who was interested in the patient, at first expressed, to the daughter of the invalid, surprise that homœopathy should be resorted to, but she soon ceased to do so.

Case III.—*Lumbar Abscess.*

A married lady, 33 years old, without family, had, in the summer of 1862, suffered from lumbar abscess for three years. The quantity of matter discharged was at times enormous, and the abscess at other times healed, and then grew to a great size, causing intense pain. The

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patient was of lymphatic constitution and scrofulous tendency. Allopathic treatment, under various doctors, proved of so little avail, that for some months before the time above named, there had been no treatment. There was, otherwise, no disease, but much emaciation, and the fear was lest the drain to the strength should induce phthisis. She did not expect to be relieved, nor had her surgeons given her any hope. She would lie in bed for weeks together, in consequence of debility and pain. The disease appeared to originate in caries of the vertebræ, and occasionally pieces of bone were discharged.

Ordered a tepid-water fomentation to the abscess. A generous diet, but no stimulants. *Silicea* 30 to be taken, in solution, three times a-day.

The absence of complications enabled the patient to persevere with this treatment, until, at the end of four months, there was no disorder left. The particulars of the case it is not necessary to give. If medical men would study homœopathy, they would not so easily despair in similar cases.

Case IV.—*Double Pleurisy.*

A married woman, about 58 years old, of robust sanguineous constitution, but who nevertheless had been much punished by disease and by physic, had, in the spring of 1864, an attack of pleurisy, first on the left side, and soon spreading to the right. The breathing was hurried, anxious, and superficial. The patient could not lie on either side, but had to be on her back, partly supported by pillows. The physical signs of the disease were no less marked, throughout, than the symptoms. There was dulness on percussion over the whole of both lungs, œgophony, cessation of the respiratory murmur, and enlargement of the chest. Many times it appeared as if the patient would die asphyxiated. For three days she lay in

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the greatest danger, and small hopes were given of a favourable result. Pulse small, hard, and frequent. The fever was intense, and at one time typhoid. A surgeon, a friend of the family, happening to see the patient before she was at the worst, shook his head, saying, "Homœopathy cannot save her; nothing can save her; she will be dead in three days." I thought so too. But her valuable life was, if possible, to be saved. The patient was, in health, always ready to help those who were in sickness or trouble; and she had converted a great many persons to homœopathy.

Ordered a warm linseed poultice, thin and large, for the chest. The hands to be frequently bathed with hot water.

To take *aconite* $^{3}/_{12}$, dry, every two hours. If the heat of skin abated somewhat, to take, instead, *bryonia* $^{3}/_{30}$, every three hours.

At the end of forty-eight hours, all that could be said was that the skin was a little cooler, and the breathing a trifle less hurried and painful. Still there was urgent danger, and the diagnosis and prognosis were the same. *Bryonia* was now being given regularly, night and day. One day a dose of *ipecacuanha* $^{3}/_{6}$ was administered, to palliate a distressing symptom. In ten days from the commencement, the patient was up, and in a week more she was out, contrary to advice and reason, on a cold day, to see a sick friend. In spite of all difficulties and imprudences, the recovery was complete and uninterrupted from the sixth day onward.

The attack was occasioned by the patient going out in a hurry, at night, insufficiently clad, to see some invalid. The same person was cured of epilepsy, many years ago, by Mr. Yeldham; and, some years afterwards, by myself, of almost complete deafness that had lasted some months. In her earlier years she was a martyr to allopathy. While

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at the worst, and well knowing that her life was in danger, her confidence in homœopathy never left her.

Case V.—*Intermittent Fever.*

An engineer, married, aged 40 years, of bilious temperament, had travelled for two months in the United States, and returned, in the autumn of 1861, from the swamps of South Carolina,* with a confirmed quartan ague. A residence of several weeks in London, and of many months in the country, had no effect in lessening the malady. The patient spoke with surprise of the violence of the attacks, the regularity of their recurrence, and the fact that even during the hot dry stage of the fever there was little thirst. The attacks exhausted his body and depressed his mind to an extraordinary degree, and life was a burden to him. He had taken large quantities of "bark" from American and English physicians, to no purpose, and he was then told that time might wear out the malady, and that nothing else would do so. He now treated the many suggestions of his friends with philosophic indifference or contempt, until the history of the discovery of homœopathy arrested his attention, and he determined to test the Hahnemannian theory in his own person, and then to play with physic no more. At this time (1863) he had suffered, with little intermission, for two years, and had consulted twenty-three medical men.

This sceptical and somewhat rebellious patient was allowed to "eat, drink, and avoid" what he liked. To take *china* $^{3}/_{30}$, dry, night and morning.

In four days after commencing the treatment, our engineer felt that a change for the better had at last set in. In ten days he was well. A medical friend of the patient

* Readers with Southern sympathies must forgive my declining to "recognise" the so-called Confederacy of slaveowners, by speaking of South Carolina otherwise than as a portion of the Great Republic.

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undertook that, if the case was cured by homœopathy, he would become a convert to the system. On being reminded afterwards of his promise, the surgeon shrugged his shoulders, said the cure was "miraculous," and continued to abuse homœopathy. This case finds its way into a batch of "hopeless cases," not because I ever despaired of it, or that any homœopathic physician would have despaired, but because mighty orthodox physic was puzzled by it. In this instructive case, "bark" in large doses seemed to overshoot the mark, and to renew and confirm the disorder, while minute portions of the same remedy cured it.

Case VI.—*Acute Hydrocephalus.*

A boy, 18 months old, of scrofulous constitution, was in June 1862 seized with hydrocephalus in the most acute form. The head was swollen, particularly over the anterior fontanel, the fever was intense, and the child had paroxysms of screaming, the hands being almost constantly fixed to the sides of the head. There was also vomiting, squinting, contraction of the pupils, a barking cough, and, in a few hours, stupor. The face was alternately flushed and ghastly pale, the feet and abdomen were swollen, and the fingers and toes distorted by the convulsions which preceded the lethargy. The allopathic medical attendant, with great reason, declared this case hopeless; but he was indignant at finding himself superseded by me. The father of the child, member of Parliament for a northern borough, came to me in great trouble, and asked me to relieve his dying boy. On reaching the house, late at night, I saw immediately that the mother received my visit unwillingly.

Of course the prognosis was highly unfavourable, though a ray of hope was presented by the fact of an occasional return of consciousness for a brief space. Only four teeth

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had appeared, and the mouth was too firmly locked with spasm of the muscles to permit an examination of the gums. The breathing was quick and almost croupy.

Ordered the application of ice to the head, and a wet bandage to the body. To take *aconite* $^{3}/_{3}$, immediately, the globules being insinuated between the gums. The mother, the nurse and a friend of the family stood watching the child with intense anxiety. They were all enemies to homœopathy, although two cases of typhoid fever had previously recovered in the same family under my care, and three children of the house had died under allopathy. In ten minutes the lady friend exclaimed, "Now he breathes more easily, and seems more as if asleep than he has done all day."

To take *aconite* $^{3}/_{30}$ every hour at first, and afterwards, if the heat abated, and consciousness returned after sleep, every two or three hours.

The next morning the child was conscious at much longer intervals, the convulsions and cough were less severe than before the stupor, and the screaming less urgent. The skin was cooler, and the child had taken some milk and water by spoon. Diarrhœa and vomiting had set in, but not violently. The hands were only at intervals put up to the head in indication of pain, and the thumbs were less strongly inverted. The feet were arched.

There was now some reason to hope; but those who have had much experience of the disease in question know how often intermission of the symptoms is succeeded by a fatal relapse. This was explained to the mother.

In the afternoon the father called upon me, and expressed his sorrow that he must ask me to discontinue my visits. I was going to state my regret that my treatment had been as unsuccessful as that of my predecessor, taking it for granted that there had been a relapse. "Stop,"

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exclaimed the parent, with tears in his eyes, "you misunderstand me. The child is much better, and has been so ever since your first dose, but his mother cannot see it, and in my absence called in our old doctor again." The sequel is a curious piece of medical history. "Our old doctor," at the beginning of the case, applied leeches and blisters to the head, and gave grey powders and white powders at short intervals. After my attendance, he did not order a grain of physic, or any kind of treatment, and allowed the child to take the *aconite*, as above prescribed, for three days, when the recovery was complacently appropriated to his own merit, and the saving of the infant's life was attributed to his rescue from homœopathy!

If ever medicine had efficacy, *aconite* alone was in this case mercifully allowed to be the instrument of saving the child's life. I am glad the surgeon consented to watch the action of the medicine, but sorry that he continued to abuse the blessed remedy. Had I continued in attendance, I might have been tempted to prescribe *mercurius* or *helleborus*, and possibly the cure might have been less speedy. Do we not often mar the effect of a chosen remedy by restlessly and causelessly supplanting it, from a nervous fear that we might be doing better for the patient?

Since then, strange to say, I have, at the mother's request, attended members of that family in the same house, and have even prescribed for the same little patient, now a healthy though not robust child.

Case VII.—*Typhoid Pneumonia.*

A single lady, 22 years of age, of sanguine temperament, was stricken with pneumonia (left side) in January 1863, and was described to me, by an elder sister who

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sought my advice, as lying in bed surrounded by five physicians and surgeons, who despaired of the case because the fever had become typhoid, and stupor, with picking of the sheets, had set in. Well, I offered to do what could be done with so bad a case, but asked how the friends intended to deal with the medical conclave, as I could not volunteer to supplant the doctors. It appeared, however, that this question had already been settled. I found the patient lying on her back, sunk down in the bed. The lips, teeth, and tongue were black, and there were dark spots on the chest and loins. The evacuations were involuntary. There was no sign of action in the left lung. The sputa, at the outset dark red in colour, had for some time ceased to be discharged. The breathing, at first so frequent, had become slow, laboured, and almost stertorous. The abdomen was tumid and tense, and covered with cold sweat. Pulse extremely weak and frequent. The action of the heart soon amounted to little more than a flutter. Did not this case appear as hopeless as the doctors in consultation had declared it to be? Nearly every other case of like severity that I have seen has terminated fatally.

Ordered a hot linseed-meal poultice to the region of the heart, hot bottles to the feet, and hot fomentation for the hands, in the hope of restoring the almost suspended circulation. Prescribed *bryonia* $^{6}/_{30}$, dry, every half-hour at first, and every two or three hours should consciousness return.

The first change that occurred was an improvement, in two hours after giving the second dose, in the pulse and in the "vitality" of the system. Hence the third dose was delayed according to orders. The fourth dose was put off because the patient slept, though uneasily, for nearly three hours.

From this time the improvement was so steady, and so

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little interrupted by occasional symptoms, that I was enabled to carry the case through with *bryonia* alone. The patient and her attendants were Catholics, and all instructions were carried out to the letter, according to custom with the members of a religious body so trained to obey orders. In about six weeks from the commencement of the attack, the patient was able to go to Hastings, still weak, locally and generally, but free from disease. One of the five doctors (not a Catholic) was afterwards heard to declare that "there was no accounting for such a case: it was a miracle, certainly." So that medical miracles, at least, are still extant!

Case VIII.—*Caries of the Bone.*

A boy, 5 years old, ricketty almost from birth, with swelling of the cervical and mesenteric glands, had, in May 1859, an abscess behind the right ear. Matter and blood, and sometimes little spiculæ of bone, issued from the diseased opening. There were scrofulous ulcers on the left arm and on both legs, and the child could not stand. The head was unusually large.

At three metropolitan hospitals in succession the child had been admitted, and then discharged incurable. He was accepted as an out-patient of the Brompton Homœopathic Dispensary, and the case excited a lively interest among the other patients then attending the institution.

The aim appeared to be to support the child's strength, and to treat, not so much individual abscesses or ulcers, as the condition of system and the state of the bones and periosteum that occasioned those lesions. *Aurum* 30 was therefore selected in preference even to *calcarea* or *silicea*, which would no doubt have improved the health and the character of the sores. The remedy was given, in solution, night and morning, for eleven weeks. A piece of

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bone, almost cubical, and measuring nearly an inch square, then worked its way out of a frightful cavity behind the ear. In a few weeks afterwards new bone had formed, the abscess healed, and no trace was eventually left of the disease. So rapid, under homœopathy, is the restorative process in children.

The child was after this placed under a course of constitutional treatment, but it is not necessary further to pursue the case.

Case IX.—*Caries of the Bone.*

A single woman, of middle age and florid habit, received, in the autumn of 1863, a severe blow, from a hammer, on the back of the left hand. First, large swellings appeared upon the knuckle and in the palm of the hand: soon an abscess was formed. I ought perhaps to apologise for placing this among the "hopeless cases," for three hospital surgeons in succession promised to cure the hand rapidly. One expert operator lanced the abscess deeply; a second surgeon preferred the healing and soothing process; and the third authority proposed a cure by amputation. The latter process being declined by the patient, she resorted to homœopathy, rather, as she confessed, because she desired to escape from allopathy than because she had any confidence in our method. The general health was good.

Ordered cold water dressing to the hand. To take *silicea* $^{3}/_{200}$, in solution, night and morning, as long as there was any improvement, or in the absence of new and urgent symptoms.

The condition of the hand during the twelve months that have since elapsed presented so many changes, and the hopes, the fears, and the patience of the sufferer as well as of the friends and the physician were so often

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brought into play, that a minute narration of the case would fatigue the reader. Sometimes the patient would complain of homœopathy as "slow;" but on her being reminded of the certain and rapid cure offered by allopathy, by amputation, she would quickly perceive her error, and was content to wait. Her patience has been rewarded. The abscess has healed, and a sort of new joint has been formed at the knuckle of the middle finger. There is neither pain nor swelling. The loss of bony substance through the abscess has permanently shortened and weakened the finger, but the hand is saved, and is moderately useful. Two somewhat similar cases are still under treatment, and a third is doing well under one of our colleagues.

Case X.—*Rheumatic Gout.*

A labourer, aged 70, had been confined to bed with articular rheumatism, complicated with gout, for ten years. I first saw him in February 1861, at the request of a benevolent lady residing in Eccleston-square, who thus wrote to me: "Perhaps you can relieve the poor man a little; of course you cannot cure him." The shoulders, elbows and knees were almost rigid, but I was glad to find some mobility in each of these joints. The fingers and toes were swollen and distorted. The digestive organs were much disordered, and there was little sleep night or day. The tongue was dry and white, the pulse full and quick. The patient had some years before been discharged, unimproved, from a hospital.

The man had twice suffered from rheumatic fever, and I was surprised to find the heart free from organic disease. Five years before he was first bed-ridden, he had a fall from a ladder. No bones were broken or dislocated, but the system appeared to have received a severe shock; and from that time the limbs began to become rigid.

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Ordered *arnica* $^{4}/_{12}$, in solution, night and morning. The rigid joints to be anointed, twice a-day, with *arnica* liniment, and then covered with cotton wadding. The limbs to be gently exercised, moved, and rubbed daily.

Under this treatment the old man was, at the end of nine months, so far set free that he was able to walk with crutches, and to use his arms in small, light household duties. It was interesting to witness the untiring eagerness with which he displayed these accomplishments to all comers, one of whom, a retired army surgeon, was induced to test and practice homœopathy, for his own satisfaction, upon his poorer neighbours.

In a younger man than my patient, a more complete cure might have been effected.

None of the foregoing cases can be deemed otherwise than serious in kind and in degree. With the exception of No. 9, in which the alarming cure by amputation was proposed, all the cases were declared by allopathic practitioners to be hopeless. In every instance the remedies were given in globules of high attenuations, one medicine at a time, and often only one medicine throughout each illness. I have purposely selected cases of so instructive a character, from among many others in my note-books where the practice was, from sundry reasons, looser, and the proof of connexion between the treatment and the cure less close.

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PRACTICAL OBSERVATIONS ON CONTINUED FEVER.

By Dr. Simmons,

Non-resident Stipendiary Physician to the Liverpool Homœopathic Dispensary.

(*Read before the Liverpool Homœopathic Medico-Chirurgical Society, October 5th*, 1864.)

In the following paper, I do not intend to occupy the time of the Society by minute descriptions of the varieties of fever; but shall simply confine myself to certain points, or notes of practical importance, the results of personal observation, in some hundreds of cases, treated in London, the south of England, and in Liverpool.

It is difficult accurately to define the exact meaning of the term "fever." The medical writers of the last century used the word to designate a diseased condition characterized by an increase of heat, an accelerated pulse, a foul tongue, and an impaired state of the functions of the body. Although this definition is common to other diseased states as well, yet if, instructed by advanced medical knowledge, we add to it the expression, "dependant on the introduction of an animal poison into the blood," we shall have to go far to find a better one. Pathological science tells us, also, that this poison acts on the nervous system, primarily, and that it is unconnected with any actual state of inflammation.

The accession of fever is sometimes, in delicate subjects, more often in children, accompanied by a convulsion; the pulse becomes accelerated; and there is a certain arrest of the secretions, with clamminess of the mouth, and a general increase of the temperature of the body.

In fever, the quantity of urea to be eliminated is greater than in health: in the normal condition of the body, the amount is about 250 grains *per diem;* while during fever it may reach 800 grains, for the same period of time.

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There is also an increase in the colouring matter of the blood; and, moreover, a rapid waste of tissue.

Febricula.—Before proceeding further, I would say a few words on febricula, or the "little fever." This disease much resembles *true fever* in its symptoms, but may often be distinguished by its mildness at the onset. On this point we may, however, be deceived; it therefore behoves us to be careful in our prognosis, until the expiration of a few days, when the febricula, if it be such, will subside. Among the causes of this disease we may mention worms, or some error in diet, or an undue exposure to cold. More frequently, however, the cause may remain undiscovered.

The symptoms of febricula are hot skin, white tongue, strong pulse, loss of appetite, &c. We find it most frequently in children. It may attack persons living in the house, where others are suffering from true fever; hence the necessity for caution in our prognosis.

The treatment will be to regulate the diet, giving arrowroot, chicken broth, and milk; and when we are sure that the fever is not the primary inflammatory fever, attendant on inflammation of some organ or organs of the body, we may give beef-tea; but it is better to withdraw animal food, for a time.

In the homœopathic treatment of febricula, *aconite*, in most cases, will *itself* be sufficient to carry the case to a successful issue; though, if the patient complains of fulness after meals, with some pain in the epigastrium, a few doses of *nux* will do much to help. In cases where worms are believed to be the cause, we must, of course, treat that diseased condition of the mucous membrane, tending to the development of the parasites; such medicines as *mercurius*, *cina* and *sulphur* being eminently adapted for these cases. Should any symptoms remain, they should be treated by the appropriate homœopathic remedy.

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PRACTICAL OBSERVATIONS ON CONTINUED FEVER.

True Fevers.—Here I would remark that, by the expression "*typhus*," I refer to fever *without* bowel complication; and that, by the term "*typhoid*," I mean fever *with* bowel complication.

These have been designated zymoses, and have been referred to a process of fermentation. If such, however, were the case, one would imagine that blankets and diaphoretics, to unlock the skin, with purges to loosen the bowels, would give us the best chance of success, so as to favour the elimination of the products of fermentation; but such is not found to be the appropriate treatment.

Typhus Fever.—The duration of typhus is generally 28 to 30 days. It has been variously named "slow fever," "nervous fever," "famine fever," "spotted fever," "malignant fever," and "jail fever." I would remark that it is not necessary that typhus should be generated by, or caught from, another person having the disease, as it may be produced artificially. *Typhus* prevails most in cities, and in northern parts, while *typhoid* prefers the country, and the region of the south.

The accession of typhus is quite definite, but slow, though not so slow as typhoid. The patient struggles on for three or four days; then complains of loss of appetite, and experiences a feeling of heaviness in the head, hardly amounting to headache; he feels chilly; he cannot tell where he feels ill, for, in truth, he is ill all over. On the fifth day maculæ appear, or there may arise only a mottled condition of the skin. The maculæ are raised only for the first 48 hours; during the first few days also they disappear on pressure; but afterwards they do not. The rash is peculiar in being persistent, remaining on the body even after death. It may appear any day between the 5th and 9th, and its early appearance is generally indicative of a severe case. The cause of the rash is transudation,

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consequent on engorgement of the blood-vessels. After the fifth day the patient is obliged to go to bed.

In forming our prognosis at this stage of the disease, we may consider it a rule that the quicker the pulse rises under the finger, and the more severe the symptoms at the commencement, the more formidable will be the fever with which we have to combat.

On the sixth or seventh day a little delirium sets in; and perhaps twitching, or some unsteadiness of the hand; but it is during the *second week* that the most characteristic symptoms become evident; for, at this period, the abdomen becomes tympanitic, owing to paralysis, with loss of power, and consequent inability to expel the accumulating flatus. The state of the vital power is now so low as to be quite incompatible with any actual state of inflammation.

The sphincters become virtually paralyzed, and the patient passes his motions involuntarily; the urine also dribbles away.

The Pulse.—Under this head I would state that I have never seen a successful case of typhus, in which the pulse remained at, or above 130, for 24 hours consecutively. If, however, the pulse remains at, or what is better still, *below* 120, we may give a favourable prognosis.

The Tongue.—If this organ is protruded firmly, and at our bidding, it is a good sign; but if, however, it is tremulously put out, and appears unmanageable, it is not so favourable. It should not be too dry, or very brown or black.

Eyes.—A ferrety appearance of the conjunctiva indicates engorgement of the blood-vessels, and is certainly not so favourable as a clear pearly state of that organ.

Abdomen.—A softish abdomen is favourable, especially if the patient be conscious of his own wants.

Respiration.—It is well to note the number of respira-

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tions, as patients may die of paralysis of the lungs, as did the Emperor of Russia.

Deafness.—This symptom often occurs during the second week. Its presence or absence is not important, although some observers have considered it rather favourable than otherwise. The deafness may, however, be permanent.

Urine.—This secretion becomes ammoniacal by the decomposition of urea. The state of the bladder should always be a constant care to the physician; and in case of retention of urine, he should satisfy himself that the viscus is emptied every twelve hours. The occurrence of delirium will tend to increase the caution of the medical man in this particular.

Temperature and Moisture of the Body.—In this disease considerable variations of temperature may be noticed; thus, the head may be exceedingly hot and the feet cold. Moreover, some regions of the body will be found dry, whilst others are moistened with perspiration.

Delirium.—This symptom is not the result of inflammation of any kind—as, for instance, of arachnitis. Stimulating treatment, and the administration of the proper homœopathic remedy, offer the most effectual means for relieving this low state of the nervous system.

Hæmorrhage.—Hæmorrhage from the bowels, in moderate quantities, need not occasion alarm; but the same cannot be said of hæmorrhage from the kidneys.

The Heart.—A feeble first beat of the heart, indicating a flabby state of that organ, is unfavourable; and it behoves us to look well to it, and daily explore the chest.

The possible occurrence of bed-sores in fever patients should always be remembered. It indicates a very low state of power, and great nervous depression—referable, however, partly to the fever process itself.

Typhus in a drunkard, with symptoms of delirium

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tremens, is a formidable adversary. We almost invariably lose such a patient.

DISEASES LIKELY TO BE MISTAKEN FOR TYPHUS.—*Pneumonia.*—In pneumonia we have a distinct *rigor;* and by a careful stethoscopic examination of the chest in general, and of the lungs in particular, we are made certain on this particular point.

Arachnitis.—We may distinguish fever from arachnitis, by the greater irritability of the patient, and the acute headache, in the latter disease; and further, what is a most valuable diagnostic point, if we draw down the bed-clothes of a patient labouring under a brain affection, he will immediately draw them up again, and in an irritable manner, showing displeasure; whereas, in a fever case, the listless patient will leave the coverings where you place them.

Urinary Affections, as Extravasation of Urine.—The diagnosis is confirmed by examining the state of the perineum, scrotum, &c.

Phlebitis is diagnosed by the presence of tenderness, or other phlebitic symptoms.

Scarlet Fever is distinguished from typhus by the greater suddenness of the attack, and the catarrhal symptoms.

Inflammatory Fever is recognised by the presence of a cause.

Sequelæ.—The sequelæ of typhus are comparatively rare. However, partial paraplegia, atrophy of the muscles, or deafness, may follow.

The morbid anatomy is simply capillary congestion, emanating from capillary paralysis, and which may, indeed, go on to apoplexy of the lungs, or to purpura. The heart is generally found to have undergone a process of softening, and the cornea may slough.

Causes.—Contagion, most probably from inhalation (contact has never been distinctly traced as a cause); it

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may arise, accidentally, from people crowding together. Bad air, unwholesome food, filthiness, and impure gases emanating from sewers, middens, &c. are fertile causes of fever.

Treatment.—Preventive, such as dilution by pure air—oxygen being the great antiseptic. It is well to have all extraneous bed-hangings, clothes, &c. removed from the patient's apartment, and to have the floor sprinkled with some disinfecting fluid, so as to neutralize the poison. Most of the gases in the typhus bedchamber are compounds of hydrogen; and this element uniting chemically with the free chlorine of the disinfecting fluid, hydrochloric acid is produced—phosphorus, sulphur and carbon being set free.

I would here remark, that when true fever has once set in, it cannot by any means be checked, until it has run its definite course; a case prematurely arrested by the usual remedies, will generally be found to have been merely *febricula*. The principles of treatment are, to economize the patient's strength, by early putting him to bed, and allowing no friends to annoy him. His bed-coverings should be light; and counterpanes should be sent away, for they are heavy, and do not prevent the radiation of heat.

The diet should, of course, be light; for the assimilating powers are very weak. Beef-tea, milk, mutton broth or arrowroot should be given every two hours. The patient should not be allowed to leave his bed to pass his evacuations, as the exertion weakens him too much: and, especially, a scrupulous care should be observed, that he do not leave his bed, and come to grief, as was the case of a patient in London, who, being left over night, was found impaled on the railings, next morning; or, as happened to a patient of my own, who was allowed to roll out of bed twice, and on the third occasion was picked up in the cellar, having fallen down the steps.

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PRACTICAL OBSERVATIONS ON CONTINUED FEVER.

In typhus fever we shall almost invariably have to resort to stimulants; and, in dealing with a poor constitution, these should be given early. The wine of the middle classes is not good, therefore it is best to order brandy, giving small doses, frequently repeated. The good effect of this treatment on the nervous system soon becomes apparent.

Homœopathic Treatment.—We can confidently state that we possess remedies capable of producing exact pictures of typhus; and, although it is very doubtful whether the definite course of the disease can be altered, or cut short, by the administration of any remedy, yet we have ample experience that the violence of the symptoms can be controlled,—that the patient's comfort can be promoted,—and further, that we are able in a large majority of cases to bring our patient to the desired goal.

Of all remedies in this disease, *arsenicum* deserves the first position. Let us, for one moment, run over its provings, to show its applicability:—"General, rapid sinking of strength; excessive debility, with emaciation; hot, burning skin; eruption resembling petechiæ; fever, with languor and trembling of the limbs; confused state of the head, with compression of the temples; sunken countenance; lips swollen, dry, parched; pulse rapid, intermittent, small and frequent; delirium; loss of consciousness; sunken eyes, surrounded with blue margins; blackish colour round the mouth; tongue red, dry, brown, or blackish, cracked, and trembling; fœtor of the breath; headache; violent, unquenchable, burning, suffocative thirst, with desire to drink but small quantities at a time; oppression at the stomach; evacuations green, slimy, dark brown, offensive, blackish, bloody; involuntary micturition; oppression of the chest."

I usually give *arsenicum* in the second centesimal trituration, 2 grains every two or three hours, alternating it, if necessary, with some other remedy called for by

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some special symptoms requiring attention; and I have usually found its exhibition attended with the happiest results.

Bryonia and *rhus*, so successful in the hands of our great master, Hahnemann, in the treatment of epidemic fever, have not, in my own practice, been as useful as *arsenicum*, in holding typhus in check.

In typhus, complicated with pneumonia, or pleuro-pneumonia, I should administer *arsenicum*, in alternation with one-drop doses of the mother tincture of *phosphorus*, every two hours; and although I have not had occasion to treat this complication in typhus, I can speak most confidently of the efficacy of this mode of treatment in typhoid.

Special Symptoms to be treated. — Vomiting. — This symptom, sometimes so very troublesome, may often be arrested by stopping the food for three or four hours, and giving a little ice and brandy. Chloroform, in doses of 4 drops, often answers admirably; this medicine also will be found invaluable in relieving that tympanitic state of the abdomen, so distressing to the patient.

Delirium.—To meet this symptom we must increase the quantity of our stimulant, and guard the patient from injury. *Hyoscyamus* is here an invaluable remedy, especially when the patient has sudden starts, with sudden outcries. I have seen it act like a charm, when *belladonna*, previously given, had done no good. We must not, however, forget that neglect of the bladder may be the cause of delirium in fever; and should we deem it necessary to resort to catheterization, it will be better to use a gum-elastic instrument, and without the stillette, if possible. Dr. Hayward, in a carefully reported case in the *Monthly Review*, in which he consulted Dr. Drysdale, speaks of the efficacy of *agaricus muscarius* in the treatment of the delirium of fever.

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Sloughing at the Back. — This condition should be carefully guarded against; and, if the skin threatens to ulcerate, the patient should be placed on a water bed, and the parts bathed with whiskey.

Typhoid Fever.—This has been called "bilious fever," "abdominal fever," and "twenty-one-day fever," though it may go on to the 28th or 42nd day. The onset is not so definite as in typhus. The stools are more bilious, and of a brighter yellow colour than the dark stools of typhus. They are watery in both diseases.

There is generally a gurgling noise heard by pressure over the ileum; and, indeed, some lay great stress on this symptom. A rash appears from the 8th to the 14th day, sometimes as late as the 28th day; it is of a rose colour, coming out in crops; but it is not seen on the body after death. During the course of the fever, the typhous deposit is taking place in the ileum, especially at the ileo-cœcal valve: the deposit is fibrinous, non-plastic, occurring in patches, under the mucous membrane, at first raising it; then the mucous membrane gives way, the deposit is exposed, and it sloughs out.

This self-same deposit may occur in the glands, colon, genital organs, or bronchial tubes, in which last position emphysema of the neck often makes its appearance. The diarrhœa attendant on this fever must not be estimated by the number of evacuations, but by their bulk. This symptom is not present in every case; but, in nine cases out of ten, where we do meet with it, by washing the evacuations we shall find blood and mucus mixed with them.

From the condition of ulceration before mentioned, two dangers may occur—hæmorrhage and peritonitis. Hæmorrhage may be either arterial or venous; when venous, the blood is not coagulated. If the blood is, however, from a large artery, it is mostly coagulated; and should it

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remain long in the bowels before it is passed, it will be black, and have the appearance of venous blood; but if on cutting the clot the interior is found to be red, we may conclude that it is formed of arterial blood.

During the course of typhoid fever, and especially during the third week, we should be alive to the probable occurrence of lobular pneumonia, which is always ushered in by a very distinct rigor.

There is in this fever a remarkable tendency to relapse, even after the patient has passed his worst stage; in which case we shall have two separate sets of ulcers, and a return of the eruption.

After the fever process is arrested, we may have gastro-enteritis to combat with, owing to the ulcers taking on common inflammation; or latent tubercle may be called into activity, producing phthisis; or mesenteric disease may arise, to carry off the patient.

Phlebitis or erysipelas may come on during fever; or even extensive discharge from the ear may cause much trouble.

Rupture of the ileum, when it does occur, usually takes place about the 21st day, or during the 4th week, though it may happen about the 9th day. In any case, the patient must die.

The state of the abdomen, in typhoid, is pulpy and full, in contradistinction to the distended abdomen of typhus. Typhoid fever prefers young and middle-aged people; and the convalescence is generally tedious.

How do people die in typhoid?

1. From the fever-process, by asthenia.

2. From bronchial affections. Pleuro-pneumonia is by no means an unfrequent cause of death.

3. From wasting diarrhœa.

4. From intestinal hæmorrhage, either capillary or from a large vessel.

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5. From ruptured intestine.

6. From brain affection, with sub-arachnoidean effusion.

7. From sloughing of the scrotum, &c.

8. Erysipelas, phlebitis, tabes mesenterica, or phthisis may carry off the patient.

Prognosis. — This must necessarily be very guarded, seeing that we have so many dangers to encounter, especially in the young subject.

Treatment.—Dietetic, preventive, &c., as in typhus. The homœopathic treatment of typhoid fever is analogous to that of typhus; and we must here give again the prominence to *arsenicum*, the efficacy of which medicine is almost as great as in typhus.

The *hydrochloric acid* A, in two-drop doses, every three hours, has, in my hands, been highly successful in the treatment of typhoid fever, particularly when the pulse has been very slow and weak, the tongue morbidly clean, with great nervous depression, and when the patient has complained of a constant sour taste in the mouth; but, in proportion as the tongue has been coated, dry, or brown, and the pulse has been accelerated, so have I found the efficacy of *hydrochloric acid* to be weakened.

Special Symptoms requiring attention.—Hæmorrhage.— If hæmorrhage occurs in the early stage, during the active fever-process, we may apply ice over the ileum, and give *plumbi acet.* (A) in 2-grain doses; if, however, this should fail, we should give *opium*. If hæmorrhage occurs during the latter stages, as during convalescence, and life is in danger, we may give full doses of *opium*, as our only chance is to arrest peristaltic action; and thus we are compelled to resort to mechanical means otherwise quite unjustifiable.

Diarrhœa.—This does not often occur to any dangerous extent; but, if this symptom should occasion anxiety, we may give 2-grain doses of the 1st decimal trituration of

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cuprum sulphuricum, which generally has the desired effect.

Rupture of the Intestine.—The treatment here is *opium*, to allay pain, while life shall last. The symptoms are—sudden and intense pain in the abdomen, with great tenderness at the least touch; the knees are drawn up; countenance is intensely anxious and sunken; there is great restlessness; the eye becomes glassy; the pulse intermittent, thready, then empty, and the patient dies.

Great Oppression of the Chest.—This distressing symptom is best met by a large thinly spread linseed-meal poultice over the chest, which should of course be stethoscopically examined, and if there be any lung affection, we must treat with the remedies mentioned under typhus.

Delirium has been fully spoken of in our consideration of typhus fever.

The convalescence of fever deserves a few concluding remarks. The diet should, for some time after the subsidence of the fever-process, be of a light, nutritious nature, avoiding animal food for a time; stimulants should be gradually withdrawn, while we increase the quantity of our nourishment. *Bryonia* and *nux vomica* will be found very useful in strengthening the digestive apparatus; and, as soon as the tongue becomes clean, we may administer *china* with the happiest results; for we find this last remedy invaluable in bracing up the system, and restoring the patient to his usual health and strength; and lastly, I would mention the salutary effect of change of air, absence from all business, and agreeable society.

Discussion on Dr. Simmons' Paper.

Mr. Moore thanked Dr. Simmons for his excellent paper, which he considered an admirable summary, presenting much information in few words. He did not,

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however, agree with him, that typhus is always fatal when the pulse rose above 130 per minute; for he remembered attending a case in which the pulse was, for some days, about 140, and still the patient recovered. He thought favourably of *hydrochloric acid*, as an antiseptic; he used *phosphorus* in very low cases, and *secale* for the diarrhœa of typhoid.

Mr. Hudson had experienced great pleasure in listening to the excellent paper; and he thought Dr. Simmons had treated the subject admirably. He was in the habit of using the wet-sheet pack, in all fever cases, every two or three hours, according to the heat and the state of the pulse, and invariably with marked benefit.

Mr. Geoghegan agreed with Dr. Simmons as to the use of *arsenicum* in typhus.

Mr. Tucker used *bryonia*, and *rhus tox.*, and then *china*, in full doses. He agreed with Dr. Simmons as to the advantage resulting from *hydrochloric acid*, and that it was useful only in cases where the tongue was clean.

Dr. Hayward thought it an excellent practical paper, its value being greatly enhanced by the fact of the remarks being the result of the author's own experience. He agreed in the main with Dr. Simmons; but though he did think *arsenicum* the best medicine for *typhoid* fever, he could not agree that it was so for *typhus*. He believed that the best method with typhus was to study well the symptoms in each case, and prescribe accordingly; for instance, in one case he remembered, where the leading or prevailing symptom was pretended imbecility, or unconsciousness, 5-drop doses, every two hours, of *hyoscyamus* ♁, worked wonders; and in another, where the leading symptom was extreme tremulousness of the tongue and limbs, *agaricus muscarius*, in similar doses, brought about rapid improvement at once.

Dr. Drysdale agreed with Dr. Hayward that *arsenicum*

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was much more homœopathic to typhoid than typhus fever; also, as to the necessity of individualizing each case of fever, as of other diseases. He thought, also, that much of our past want of success in fever had resulted, not so much from having selected the wrong medicine, as having given too small a dose; he thought it necessary, in these fevers, to give considerable doses of the mother tincture of such medicines as *belladonna, hyoscyamus* and *bryonia*, and perhaps the first centesimal of such as *arsenicum*.

To the Editor of the MONTHLY HOMŒOPATHIC REVIEW.

SIR,—The following letter has been forwarded by me to the Editor of the *American Homœopathic Review*. I shall feel obliged if you will allow it to appear in the next number of your Journal.

I am, Sir, your obedient servant,

ALFRED C. POPE.

DR. LIPPE AGAIN!

To the Editor of the AMERICAN HOMŒOPATHIC REVIEW.

SIR,—The point at issue between Dr. Lippe and myself is simply this:—I assert that the medical man who, invariably, or as often as his knowledge permits him to do, or as the means at our disposal admit of his doing, selects his remedies for the cure of disease, guided by the homœopathic law, is to all intents and purposes a homœopathist, or, in the phraseology of your Journal, "a homœopathician." Dr. Lippe on the other hand regards no one as a homœopathist, or homœopathician, who does not accept as absolute truth every theory propounded, as well as every fact related by Hahnemann. Those who believe in the law of Similars only, who doubt, even

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though they do not deny, the dynamization theory, who have the audacity to question the complete accuracy of the "itch doctrine," who presume to regard high dilutions as uncertain remedies, Dr. Lippe has the impertinence to style "pretenders," *i.e.*, dishonest persons. In another part of his curious effusion he describes such practitioners as "pseudo-homœopathists"—a term equally unjust.

In all that Dr. Lippe has written, not one word has he uttered proving that the physician who takes the homœopathic law as his guide in drug-therapeutics is not a homœopathist. Though all he has published is utterly beside the mark, I will so far presume on your space as to make one or two observations on what he does say.

We are told that the morbid sensations produced during a proving do not constitute disease, because, forsooth, they disappear without requiring any medicinal remedy! But if no functional disorder is to be regarded as a disease which nature alone and unaided is able to shake off, some cases of pneumonia, to say nothing of catarrhs, diarrhœas, dyspepsias and many others, will have to be removed from the catalogue of diseases. The symptoms produced by a drug, must owe their existence to a definite morbid process, and must therefore constitute a disease.

If when Hering writes of "THE practical rule of the Master" he does not mean the law of cure, what practical rule does he refer to? If the word *rule* is to mean only the manner in which a law is applied, Hering does not seem to have been aware of its interpretation. Dr. Lippe thinks, or rather says, he ought to have written RULES; but that, after all, is Dr. Lippe's opinion, and not Dr. Hering's. To shew that Hering here refers to the *Law* when he uses the word *Rule*, he couples it with "our Materia Medica;" regarding the two as homœopathy. In an earlier part of the same essay he writes of the law, the Materia Medica, and the single medicine as character-

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istics of homœopathic practitioners. Of course Hering was wrong, Dr. Lippe would say, in taking so narrow a view! But *it is* his view, and in my opinion the correct one.

The passage from this preface quoted by Dr. Lippe merely tells us what we all know and regret, viz., that there are such persons as careless practitioners in the world! Though how they can expect to find comfort from employing massive doses I cannot see. Inasmuch as a massive dose prescribed without reference to the homœopathic law, and yet too small to have an antipathic action, will have no more influence than a high dilution of an equally ill-chosen remedy.

Then with regard to Dr. Lippe's favourite theory—the theory on which he wants to make out that all true homœopathy is built—the theory of dynamization. What is it? It is Hahnemann's mode of accounting for a puzzling fact. It is nothing more. The fact may be perfectly true, and the explanation of it offered just as false. The infinitesimal dose does act. I know it. But I have seen no clearly stated evidence, either in Hahnemann's writings or elsewhere, that a supposed process of dynamization accounts for it. It seems somewhat probable that trituration does render some drugs more active, but it does not therefore follow that it does so in all. As a mere explanation or attempt at an explanation of a fact, the dynamization theory, I repeat, may be true or false, and homœopathy remain unaffected by the result.

Dr. Lippe, not satisfied with making all sorts of charges against me, proceeds—and I regret to be compelled to say so—proceeds deliberately to misrepresent what I have written. He writes:—"Mr. Pope claims that the man "who practises giving crude drugs is a Homœopathician, "and, as the inference, that *the man who gives potencies "and above all high potencies, is not a Homœopathician.*"

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(The italics are mine.) Further on he suggests the existence, on my part, of a desire to "expel" those who prescribe high potencies! He doesn't say *whence* I wish to "expel" them! All this would be very amusing if it had the ghost of a fact to stand upon. But it hasn't. Dr. Lippe must have been dreaming or "spirit-rapping" when he deduced such an inference from anything that I have ever written.

In the January number of the English *Review* (page 8) I find the following sentence in my first paper on this subject:—"It by no means follows "that a physician who avows his faith in homœopathy, "by so doing admits that all the *Organon* contains is "absolute truth. Dr. Hewitt desires that all who believe "in homœopathy without regarding the *Organon* as pure "infallible truth, should be described by some other "designation than that of homœopathists. The title is a "matter of wonderfully little consequence; but if such "members of the profession are to be styled something, "what are they to be called? Certainly not allopaths— "for they do not practise allopathically. Dr. Hewitt "does not like to be called 'a purist,' 'a Hahnemannist,' "or 'a high dulutionist.' What is he, then? HE IS "CERTAINLY A HOMŒOPATHIST; but he is something "more." And again, in my paper published in August, in reply to Dr. Lippe, I have said:—"Hence the man "who uses the 'crude drugs,' 'according to the homœo- "pathic law' is every whit *as much* a homœopathist as "he who prescribes the 'higher potencies' according to "the 'homœopathic law.'"

Surely I have given Dr. Lippe "and his friends" and "the party for which he writes," as much credit as they are entitled to! Not only have I described them as "homœopathists," but I have given them the benefit, such as it is, of being "something more!" By this some-

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thing more I wish it to be understood that Dr. Lippe, "his friends" and "the party" all believe in the vast superiority of the high dilutions (200, 800, 1000, 2000, 10,000, &c.), that they have unbounded faith in the psora doctrine, and are deeply impressed with the vital importance of the dynamization theory. Are not all these, virtues enough for them? As Dr. Lippe has gone rather extensively into the "critical business" of late, and probably purposes doing a little more yet, let me beg of him at least to be fair.

Dr. Lippe characterises my expression of the need of a work on practical medicine, the therapeutical part being based on the homœopathic law, as an "absurdity." His assumption, that I would have diseases treated according to their nosological type, is simply groundless. I am fully as alive to the necessity of treating cases individually as he can be. But, nevertheless, I believe such a work as I have named as "a want" would be invaluable, if well done. It could never supersede the necessity of studying the Materia Medica, but would be a most important assistance in doing so.

If instead of wasting ten years in detailing the errors of Hempel, in stigmatising them by the most offensive of epithets, those who have been so employed had revised, re-translated and re-published the Materia Medica, they would have had some claim to the gratitude of homœopathic practitioners. As it is, they have. Perhaps, however, they may—some of them—be disposed to work now. I hope they may!

Dr. Lippe objects to any sifting of the Materia Medica. His phrase is, "we cannot strike out one solitary symptom." That may be true, in a sense, but "pity 'tis 'tis true." Had we the records of the original experiments—the journals of symptoms—the scissors might doubtless be used with much profit in many instances. I think it is

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Gross who tells us that the chief part of the moral symptoms of several of Hahnemann's medicines occurred in the person of a hypochondriacal fellow-student of his! Are these all "pure?"

Dr. Lippe may find not only consolation, but matter for rejoicing, that the discussion raised by Mr. Wilson, Dr. Fenton Cameron and Dr. Cockburn has somewhat checked the progress of homœopathy among medical men. If he fancies that the peculiar views on which he lays so much stress have gained ground by it, he is grievously mistaken. I cannot wonder that medical men, who have meditated an investigation of homœopathy, should, on reading the papers I have alluded to, have given up their intentions of doing so altogether. In so exaggerated a light have the errors of Hempel been exhibited, that some might have supposed our Materia Medica to be a tissue of fallacies; and, as a perfectly rational inference, have concluded that all the cures reported to have been made by medicines selected on its authority have been so many therapeutic delusions. Those who have used these translations know full well, that they are, in nearly all the emergencies we are called on to meet, perfectly reliable. But if errors do exist, they should certainly be removed; even the most trivial should be corrected. The importance of a perfectly trustworthy Materia Medica cannot be overrated. If critics would turn workers, we might yet have this desideratum. But from such critics as we have had of late, I fear real work is too much to expect.

Dr. Lippe says that he has attended cholera patients, and "never lost one"! He must I conclude then have had either very few or only such as were comparatively mild in their nature. I suppose that even his patients die sometimes. A case of cholera which will run its course in four hours is not usually, if ever, amenable to any treatment at all. Perhaps Philadelphia people are tougher

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than such as are seized with cholera in London, Edinburgh, Liverpool, Hull or Newcastle! In these cities and towns physicians, who not only studied the Materia Medica but were possessed of a thorough knowledge of disease—these two qualifications for practice do not always go together—found ample cause for gratitude that they were able to save 75 per cent. of those attacked. For my part, I place more confidence in the statements of such men as Drysdale, Russell, Atkin and Yeldham, than I do in those of practitioners who profess never to lose any cases of a disease so rapid in its progress as cholera.

If Dr. Lippe doubts the homœopathicity of *arsenic* to the advanced stages of cholera, let him study the records of this medicine's action on the healthy, given by Dr. Black in the Hahnemann Materia Medica. But whatever may be his doubts, its value here has been clinically demonstrated to be greater than that of any other medicine—*veratrum* and *cuprum* perhaps excepted. If it does not here cure homœopathically—how does it cure?

I owe you, Sir, an apology for taking up so much of your valuable space. On this subject, however, I do not intend again to trouble you; so that if Dr. Lippe likes to have the last word, he is welcome to it. Thanking you for your courtesy,

I am your obedient servant,

ALFRED C. POPE.

York, England.
1*st November*, 1864.

IS HOMŒOPATHY AS A SCIENCE OF MEDICINE LEGAL IN ENGLAND?

Reply to Mr. FREEMAN by Dr. EADON.

As the pages of the *Monthly Homœopathic Review* have often been rendered comparatively of less value by a display of personal quarrels on points infinitesimally un-

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important—pages which should, at all times, be reserved for Pathological and Scientific articles, that may be read, not only with interest at the time, but referred to, hereafter, with profit—it is not my intention to enter upon a controversy in defence of the "Appeal" which appeared in the August number. The "Appeal" was a natural sequence to a lengthened correspondence carried on for years, at the Head-quarters of Allopathy, in the hope of establishing Legality for purely Homœopathic practice. It would have been unwise had "Dr. Eadon privately taken the opinion of some of the leading men in our branch of the profession" with regard to the propriety of publishing the Appeal, as he had been trying to bring about for Homœopathy a "STATUS" which, had it been accomplished, would have given the practice an impetus of marvellous celerity;—an attempt, of which the *leading men*, spoken of by Mr. Freeman, were in profound ignorance.

It would be easy to give a full and complete negation to almost every statement made by Mr. Freeman: but this is not quite the object of this reply.

After a lengthy correspondence with the Medical Council, the Royal College of Physicians of London, and the Royal College of Physicians of Edinburgh—a correspondence, which, if printed, would make a respectable-sized volume—in order to obtain, either the registration of pure Homœopathic degrees of Doctors of Medicine, or the right of coming up for Examination before any Allopathic College or Board, by parties holding Homœopathic Diplomas, I shall content myself with stating RESULTS which may be implicitly relied upon, and which, plainly enough shew, why the Homœopathic Practitioners of England were appealed to—seeing, that Homœopathy, as a practice of Medicine, was completely ignored at Head-quarters, and, that, *equality in the eye of the Law*, in any

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other light, than that of Allopathic, was, found to be, when the matter was fairly tested, a complete delusion—a GIGANTIC SHAM.

Firstly, then, a series of tergiversations on the part of the Medical Council, which almost might be denominated *the exercise of genius*—the dexterity by which the ground of non-admission to registration being so adroitly changed —ultimately ended, when further shuffling was impossible, in the delectable conception, that, possibly, a high legal authority might settle the point at once, by giving it, as his opinion, that the Homœopathic Colleges of America were either not Foreign, or, illegal Institutions. The Attorney-General (the present Lord Chancellor) was referred to, and the opinion DEALT-OUT (not given by him, for that were an impossibility) that the Homœopathic Colleges were illegal Institutions. The inference immediately drawn by the Council was, that the Diplomas granted by those Colleges were illegal (bear in mind *they are legal in Canada at this moment*), and, consequently, could not be regarded as Legal documents wherewith to practise Medicine in this country. Believing that the Attorney-General could not give to the Medical Council an opinion so fraught with injustice, or so be-smeared with folly, I wrote to that Functionary, as Lord High Chancellor, requesting to know, whether it was possible for him to have given to the Medical Council an opinion, that the Homœopathic Colleges of America were illegal Institutions in that country. I asked his Lordship to say, in direct language, either the one or the other. In a reply, politely couched, the Chancellor declined to answer the question, either one way or the other. The fact was, no such opinion had been given. The President of the Royal College of Physicians of Edinburgh had previously moved, and the Professor of Surgery in the University of Edinburgh had seconded, that a Homœopathic M.D., under the circumstances stated,

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had as great a right to be on the Register as they; yet, to avoid a registration of this kind—as it would have been acknowledging Homœopathy to be, not QUACKERY, but real RATIONAL MEDICINE, the Council dealt-out a sham oracular legal opinion, and, in this way, unjustly evaded the registration of gentlemen, who, according to the Act, had a right to be enrolled. The Medical Council, in the present state of Allopathic feeling, WILL NOT REGISTER A HOMŒOPATHIC MEDICAL DEGREE, because, in so doing, HOMŒOPATHY, as a Science of Medicine, WOULD BE AT ONCE RENDERED LEGAL IN THE EYE OF THE LAW! They know that full well. It is not the mere inserting of a *name*, but the legalizing of a *principle* which they are anxious to avoid. It is not the *Degree* per se, but the *principle* involved which gives rise to the opposition.

Secondly. Neither the Royal College of Physicians of London, nor of Edinburgh, will allow a man, who has graduated at a Homœopathic College, and obtained a diploma, as the result of study and examination, to present himself for examination in order to procure an Allopathic degree. Since the Medical Council refused Homœopathic registration, it was thought to be a matter of common justice only, that a practitioner of the New School should be allowed to go up for examination to obtain a degree which *could be registered.* But no! The door of every corporate body is slammed to, in the pure Homœopath's face. The College of Physicians once shut the door in Harvey's face, and, now, forsooth! we hear declaimed, annually, the HARVEYAN ORATION! Proh Pudor! that races of incarnated ignorance and prejudice should have to die off before Heaven-born truth is allowed to unveil her face. The bigots of the nineteenth century may shake hands with those who lived in the days of Nimrod—the Preadamite men—as their intellectual calibre is not one atom in advance when new ideas are on the *tapis.*

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Such is the present condition of Homœopathy, as a *legal* element in medicine. It knows not what *registration* means; and Academic snobbery turns up its nose at it. It is despised, rejected, and scowled upon, by the opposite party. It is, *perforce*, tolerated under an Allopathic mask; and even, with *that mask on*, it has had some sore buffetings to contend against. It is evidently only a sort of tolerated-second-hand-shop of Physic. Invader of our ancient Rights! says the hoary-headed sage of the Dominant School, as Law compels us to associate with you in *print*, but not in *deed*, and in Truth, you may practise privately, but not in the public Institutions of the Country, and even then, you must obtain *our license* to do so, or else we will persecute you to the death. This is called by some men medical equality!!

With all courtesy, I beg to say, it is not *true*, as Mr. Freeman says, that *a Diploma*, obtained by real examination, before the Medical Act passed, can be registered. It must be a *certain kind of Diploma only*. A Contest with the Medical Council, of three years' duration, has completely settled that question in the negative.

It is not *true*, that "Homœopathic Students can take their examination without fear of being rejected because they are Homœopaths," as Students tell me, again and again, that they dare not even know the name of Homœopathy when at College, as they would be plucked, for a dead certainty, under some pretext or other. Let Mr. Freeman go up to any of the Northern Universities, and tell the Dean that he was a homœopath, and that he had come up to take out his M.D., and ten thousand to one he would have the "pluck direct," not from one Professor only, but from some three or four, *under the pretext of imperfect knowledge*, or, as the slang goes—NOT BEING WELL UP. No Law can touch an Examiner if he chooses to pluck; and no Law can make him say why he plucks.

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The students know this; they dread it; and, hence, the natural result is, that numbers of young men go up to College, with strong Homœopathic tendencies, and come out, rank Allopaths. They will not be the black sheep in the medical flock, or loose caste for what is thought a mere heresy. For this reason, Homœopathy fails to command respect amongst many of the junior members of the profession.

It is not *true*, that Public appointments may be obtained, or kept, even if obtained, by Homœopathic Practitioners. Was not Mr. Harmer Smith obliged to give up his post in the Sheffield Union? Has not Dr. Ozanne lately been dismissed from his Army appointment, owing to Allopathic pressure? Was not Dr. Newman compelled to leave his post as Poor-Law Surgeon many years ago? Did not Dr. Bayes, the associate of Mr. Freeman, find it the better part of wisdom to retire from the Cambridge contest? The fact is, Homœopaths cannot obtain appointments; and if, by some accident they do, they are unable to keep them.

It is not *true* "that, both, in right, and, in fact, we stand on the same ground with all other registered practitioners." If it be so, let the best men in the Homœopathic body turn out, and apply for some first-class appointment;—Dr. Quin, for example, or Dr. Russell, or Dr. Drysdale, or Dr. Dudgeon; and mark the contumely, which would be showered down, upon these really accomplished Physicians. Let our respected friend, Dr. Ryan, the Editor of this *Review*, put up, as Physician, to the Sheffield General Infirmary, or the Sheffield Public Dispensary, and what would be the issue? Utter failure!—no chance whatever! not from want of high talent, and natural tact, but because Homœopathy is at a lamentable discount, and the offering practitioner, from an *Allopathic stand-point*, would be considered, *as if illegal!* An Allopathic mask,

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on the face of a Homœopathic Physician, will not, in *our day*, at least, get a man through the door of any public Allopathic Institution, worth the name. What sort of an affair Dr. Wylde has got at Winchester I know not, but it certainly gives the lie to the general idea, that, the farther south you go, and the fewer brains you meet with.

Further. I beg to intimate to Mr. Freeman, that, so far from my "having failed to acquire any accurate knowledge of the provisions of the Medical Act," I have brought that Act to the Allopathic touchstone, and found it to convey a meaning, *other than the one which a superficial Reading might seem to indicate!* The allowed-to-be-registered, I have discovered, when the test was applied, must be members of certain specified Colleges, of a certain creed, and of a peculiar clique;—a condition, clearly, not in harmony with the spirit of the age, as, *free action*, is the *genius* of the coming state of things the wide world over. Homœopathy, as a branch of medicine, and the Homœopathic Colleges, are ignored altogether, even when the graduates of those Colleges, before the passing of the Act, as much fulfilled the conditions required, as those who passed through the Allopathic Colleges, or Schools, (the Act having been made *retrospective* by the Medical Council—a view, which Parliament, in passing the Bill, never intended to be taken, and which, in fact, is against the genius of the British Constitution), and yet, there is not a word, in the Act, to imply, that a distinction would be made, between the Graduates of any legalized College, British or Foreign. Nay, more liberal still;—for the Act says, "It shall be lawful for the General Council by *special orders*, to dispense with certain provisions of this Act, in favour of persons practising Medicine, or Surgery, within the United Kingdom, on *Foreign* or *Colonial* Diplomas, (a *Homœopathic* Diploma is a *Foreign Diploma*) before the

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passing of this Act;" and, moreover, "that a Doctor of Medicine of any *Foreign* or *Colonial* University, or College, in practice before Oct. 1, 1858, who shall produce Certificates *to the satisfaction of the Council!* of his having taken his Degree *after regular Examination*, or who shall satisfy the Council that *there is sufficient reason for admitting him to be registered*"! shall be registered. In both these instances, the Council have violated, not only the *spirit*, but the VERY ACT ITSELF. A Homœopathic College, *is a Foreign College;* and parties, *were in practice before the passing of the Act;* and, yet, the Council *will not register;* thus proving itself, for the present at least, more powerful than an Act of Parliament. A Homœopathic College *is a Foreign College;* and parties have fulfilled all the conditions required by clause (46); and, yet, the Council refuse to register; again shewing itself more powerful than the Act, or the Parliament that passed it. This is not to be tolerated. Conservatism has had its day, in a political sense; and, it is too late, in the Saturday of the World's History, for the cloven foot to be allowed to befoul the fair domains of Science, or becloud its otherwise glorious Institutions.

There is evidently something more than fulfilling certain conditions in order to be registered! *A certain class only can be registered;* yet the Act provides for the Registration *of others*, in a specific, and determinate way. The Council have violated the Act—first, under the pretext, that Homœopathic Colleges were not *Foreign* Colleges, which is absurd (then they are *British* Colleges, and registration, if the other conditions are fulfilled, is thereby compulsory—which horn of the dilemma will the Council take?); and, secondly, that they are *illegal* Institutions, which is also false; for they are Chartered, according to the Act of Congress, precisely after the manner of the older Colleges of that country.

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LEGAL IN ENGLAND?

A *Homœopathic* Diploma is, then, unmistakeably a Foreign Diploma—no one can gainsay *that*, not even the Lord Chancellor himself. The Act has provided for the registration of *Foreign* Diplomas under certain conditions stated. These conditions have been fulfilled by gentlemen holding *Foreign* Diplomas, and yet Registration is refused! The Act says, such parties *must be registered*—the Council say, THEY SHALL NOT. The Law is defied, and yet this same Council lives—*hoc tamen vivit!* The Language of Cicero against Cataline, with a slight alteration, is not inappropriate to a body who defies the Law:—"Quousque tandem abutere, *Concilium*, patientia nostra? Quamdiu etiam *injustitia ista tua* nos eludet? Quem ad finem sese effrenata jactabit audacia?"

The Allopaths have ignored the Medical Act as far as *one class of Foreign, i.e.*, of *Homœopathic diplomas*, is concerned; and many of the Allopatho-homœopaths seem to take a similar view, and to like it: and Mr. Freeman is one of the number. Standing on certain supposed Allopathic heights (they are only mountinets, after all—for the real Allopathic Alps are higher far), and looking through spectacles, mounted with an Allopathic tinted glass on the one side, and a Homœopathic plain one, on the other, there is no wonder, that certain Gentlemen, when taking a Survey of the surrounding Medical Country, should see every thing distorted, mystified, commingled, and of all colours, forms, and shapes. How should it be otherwise through such media.

The Homœopathic practice of Medicine is *illegal in this country*, because the Council, defying the Act, will not acknowledge it, as a Science of Therapeutics, even under the disguise of a *Foreign Diploma;* and, consequently, those who hold such Diplomas may be considered as ILLEGAL, but they are, nevertheless, STRICTLY AND TRULY THE REALLY QUALIFIED PRACTITIONERS; and,

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it is the latter condition, and not the former, which constitutes a man—A MEDICAL MAN—in the true sense of that phrase. Registration, on the one hand, cannot make a man *qualified to cure disease:* neither, on the other, can a *qualified man* have the power to cure taken from him, merely because his name is not found *on the Register*. Although the Register cannot *qualify a man to practise,* yet it *can give a blockhead* the legal right to do deeds under the ægis of Law, which any old women would have too much sense to be guilty of. Hence, it is plain, that a *really qualified man,*—one, well posted up in every branch of the profession, and a hard student withal, may be a most successful Physician, without being *on the Register;* and Registration can neither add to, nor take from, such a man, his natural and acquired gift of healing.

But how stands Mr. Freeman and the men of his order? They practise Homœopathy, a proven-illegal-thing, not with a Homœopathic Diploma which is also a proven-illegal-thing, (but, if possessed by them would be a guarantee that they were *qualified,* by *College Sanction,* to practise *that,* which they professed,) but, with an Allopathic Diploma, which is *legal,* and a *qualification* too, if the party practise what it was given for, but *illegal,* and *no qualification at all,* if the party practise a mode of treatment which gentlemen, having similar Diplomas, hold in sovereign contempt. The fact is, Mr. Freeman is neither a Homœopath, nor an Allopath. He is not the *former,* for he has no licence from a Homœopathic College as a guarantee that he possesses the requisite amount, or kind of knowledge: the *latter,* he *will not be,* and, if he *would,* his former colleagues could not recognise him, because he practises a System of Physic of which his Diploma takes not the slightest cognizance, and which gives him no right, or qualification, to practise what he

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LEGAL IN ENGLAND?

does. The fact is, it is impossible to put this gentleman under any "Order," or "Genus," or "Species" known to naturalists, or to any other class of scientific men. What are we to do with him? Well, he shall be a CLASS TO HIMSELF, and we will dub him, a MEDICAL NON-DESCRIPT!!

The fact is, Mr. Freeman, and his party (if he have one —Query?), looking from an Allopathic stand-point, have shut their eyes *in toto* to one part of the Medical Act; and have completely failed to see the anomalous position they are in. They have confounded the *Rights of person*, with the *something*, *anything*, that person practises. They have looked at *Self-legal power to practise*, and fancied, that the *thing practised*, was as *Legal* as they themselves were to practise, *a thing which they do not practise*. Self, it is conceded, is legal, as an Allopath; but the thing, *Self* gets his living by, he would fain *have to be legal too*. The Legal-Allopathic-Self has commingled itself, with the illegal-something he practises—trying to believe—he cannot in reality—that, if the former, is according to Law, the latter, must be *according to Law also!* In a word, the Parson, as it were, is ordained, but the Bishop has not yet consecrated the Building. The Priest is *legal*, but the place in which he is to exercise his function is *illegal*—the consecration not having yet taken place!

Let every man, then, who practises Homœopathy, bear in mind, whether the idea be pleasant or not, that, Homœopathy, as a Science of Medicine, is WITHOUT THE ÆGIS OF BRITISH LAW TO SANCTION IT; that, his name is on the Register in virtue of his ALLOPATHIC DIPLOMA, and not otherwise; that, the Public Institutions of the Land are shut against him, because his practice renders his Diploma a nullity; that, he would be struck off the Register to-morrow, and left as an outcast in society—not

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even allowed the equivocal honour of being classed as a Freemanic-Nondescript—if the Allopaths had the power to do it; that, the men of the old school will not tolerate *him*, or his *thought-to-be-oddities*, even in a Consultation; that, in a word, he is viewed, as a turncoat, a renegade, a black sheep amongst the Medical flock.

If, with this knowledge, the Homœopathic Physicians and Surgeons of this country will go on day by day, in an anomalous position, heedless of the *progress* of that Divine Science by which the sufferings of our common Humanity are so marvellously relieved, and only careful about their own-dear-selves, and pocket-interests, let them do so; only, it will be well to remember, that a posterity awaits *them*, and *their doings!*

It matters not to me, personally, whether the views advocated in the "Appeal" be received with approval or otherwise. I have "flung myself on expression" and uttered thoughts only after mature consideration. If they be adopted, WELL; if allowed to pass by as the idle wind —STILL WELL. Time will decide the right.

HOMŒOPATHY IN AUSTRALIA.

IN a late number we alluded to the fact of Dr. Brereton's appointment to the office of Visiting Medical Officer of the Darban Creek Lunatic Asylum, near Sydney. It was more than we could expect that a prominent position of this kind should be filled by a homœopathic physician without some remonstrance from the allopathic portion of the profession. And accordingly we are informed by the *British Medical Journal* that great indignation has been excited in the "profession at Sidney" by this appointment. And inasmuch as in venting their indignation these allopathic worthies assure us of the decided hold that homœopathy has upon the minds of the most intelli-

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gent residents in the colony, we are not sorry for such a result. The correspondent of the *Australian Medical Journal*, who seems to feel himself a most deeply injured individual, tells us that the present Minister for Lands is a homœopathist; and that the leading journal of the colony, the *Sydney Morning Herald*, is so deeply tainted with the system that a letter on the subject was refused insertion in its columns. Probably this refusal arose from the coarseness of its language. The principal proprietor of that paper is one of the most energetic, able, and influential men in the colony. The fact of his being, as we know he is, thoroughly convinced not only of the truth of homœopathy, but of its being superior to every other mode of treatment, is no small testimony to its value; and its opponents are doubtless proportionately annoyed at his advocacy of it. The editor of the *Australian Medical Journal* calls upon Dr. Brereton's colleagues at the Asylum to resign their posts. Certainly; let them do so. Homœopathy is, we believe, sufficiently well represented in Sydney to admit of the vacancies being filled by medical men whose therapeutic views are similar to those of Dr. Brereton. The Australian editor further gratifies us by telling us that this "monstrous imposture," as he ignorantly styles homœopathy, "finds its most powerful advocates among the educated and otherwise intelligent." He says it does so "singularly enough." Would he but examine into and clinically test homœopathy, he would find it "singular" that he and other medical men could have so long allowed the subject to remain uninvestigated, untried.

The editor of the *British Medical Journal* has been accused with much justice, by one of the members of the association of which his journal is the organ, of devoting it "to the expression of unworthy sentiments or illiterate and unwarrantable language." In the concluding sen-

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tence of his paragraph on Dr. Brereton's appointment, he contrives to shew his power in both departments, and writes:—"It seems that silly tricks of this kind are only played by some stupid, puffed up, hypochondriacal general, or dyspeptic antipodal governor, who thinks to shew his wit and knowledge by patronising quackery and giving the doctors a lesson."

Dr. Brereton, who is described by the correspondent of the colonial journal as "the Turkish-bath man," is well known as a physician thoroughly qualified for the performance of every professional duty, and of considerable literary and scientific ability. We heartily congratulate him on the position he has attained in the colony and on the successful manner in which he has represented homœopathy; and trust that many years of useful prosperity are before him.

THE DEATH OF THE COUNT DU WILLISEN.

THE late Prussian minister at Rome died recently of that most malignant disease, *febris perniciosa*, the marsh-ague. He was treated during his illness by two homœopathic physicians, Drs. Wahle and Ladelci. So the *Lancet*, and a comic authority in medicine—*Punch* to wit!—tell their readers that the doctors "did not kill him; they only let him die." This negative process, our contemporaries assure us, was brought about by the Count not having any quinine administered to him. Quinine—as everybody knows who knows anything at all of the pathogenesis of drugs—is homœopathic to many forms of intermittent fever, though far from being so to all. One doesn't expect either *Punch* or the *Lancet* to know much about the effects of drugs on the healthy; so both parties glorify themselves with the idea that when quinine is given in intermittents, a good old allopathic *specific!* is prescribed.

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THE DEATH OF THE COUNT DU WILLISEN.

Hence, to use *Punch's* phrase, they "triumph on the whole."

But quinine is homœopathic to malaria, and Count du Willisen took considerable quantities of it before he died. Thus, after all, *Punch* and the *Lancet* have amused themselves with the discovery of a "mare's nest!" One of our colleagues has received from Dr. Ladelci a full and interesting account of the last illness of the General du Willisen. From this we learn that, a month before the commencement of his fatal illness, he met with an accident, when driving into Rome. He was thrown from his carriage, and was removed senseless into a neighbouring tavern. Thence he was conveyed to Rome and apparently recovered. Shortly after, he left Rome, and took a villa on the borders of the Lake Nemi. Here he was especially exposed to the influence of the malarious poison; and from the damp character of the climate, the heavy rains which fell at the time, and his constant exposure of himself to the morning and evening air, and to draughts, he was, at the same time, predisposed to be affected by it. In the beginning of August, after a heavy fall of rain, the Count went out early one morning and spent several hours in breaking-in a young horse, exposing himself to damp air, getting fatigued, and heated. Several attacks of fever now occurred, without any advice being sought. Growing worse and worse, Dr. Wahle of Rome was sent for. He immediately ordered quinine; and before the fatal attack came on, twenty grains had been taken. Dr. Ladelci was sent for in consultation on the same day, and saw the Count at midnight. He ordered two grains of quinine to be taken every twenty minutes; but so alarming were the symptoms, that the medicine was given "rather with an anxious wish to do something, than with any hope of saving the invalid's life." Dr. Ladelci further remarks that "the age of the noble deceased, the preceding fall

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which gave a shock to the whole system, the repeated cold and dampness to which he exposed himself, and the several neglected attacks of fever are the natural causes that rendered his malady mortal. Could the patient have taken a greater quantity of quinine before the last fatal attack came on, would he have been saved? The different circumstances I have already mentioned make me doubt it much."

We tender our thanks to our colleague at Rome for enabling us to correct the misrepresentations of our contemporaries.

EXAMPLES OF HOMŒOPATHIC ACTION IN THE TREATMENT OF ECZEMA.

Erasmus Wilson, in his paper on Eczema, read at the meeting of the British Medical Association at Cambridge, last August, says:—

"The water-dressing is useful where there is heat, pain, itching, or tension, but should not be continued beyond the period during which those symptoms exist; for, when prolonged for too great a time, it lowers the tone of the tissues and perpetuates the eruption. In our list of remote predisposing causes, it will be seen that one amongst them is 'moisture with heat,' the exact condition which at one moment of the disease we employ with advantage in the use of the water-dressing. Whereas, we could hardly adopt any more certain means of *producing* eczema artificially, than by the application, for a long time, of water-dressing to a healthy part of the skin. This operation is often seen in practice, in the eruptions which follow the lengthened use of poultices."

In the same paper Mr. Erasmus Wilson, speaking of the treatment of eczema, says emphatically:—"There is a remedy which possesses a special influence on the skin,

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and has long been held sacred in cutaneous medicine, namely, arsenic. When all has been effected that can be accomplished by aperients, alteratives, derivatives, and tonics, then comes the reign of arsenic; and at that moment arsenic is triumphant. But arsenic, above all medicines, must be handled with judgment and care," &c. In another part of the same essay, Mr. Erasmus Wilson gives further reasons why arsenic should be employed in minute doses; confining himself, however, to warnings against the irritant action of over-large doses, by which "we excite nausea, sickness, pain in the stomach or alimentary canal, prostration of nervous power, or cough, and then we are compelled to suspend it." Mr. Wilson might, however, have referred to its irritating action on the skin, and to its power of producing a disease (eczema arsenicale) closely resembling the eczema it is known to cure. Mr. Hunt states (*Practical Observations on the Pathology and Treatment of certain Diseases of the Skin generally pronounced Intractable*, p. 15, Lond. 1847) that in persons of fair complexion and delicate skin, arsenic commonly produces a dirt-brown, dingy, unwashed appearance of all those parts of the body protected from the access of light and air. He says that when examined under a lens there is found to exist a delicate desquamation of the skin; in fact, a faint form of pityriasis.

Mr. Wilson (*paper already quoted*) tells us that psora, psoriasis, lichenes, and pityriasis, are terms which represent forms of eczema. Arsenic, therefore, like the wet-bandage, will produce, in a healthy person, a condition resembling eczema; and, well managed, the same agents will, undoubtedly, act curatively in certain forms and conditions of the natural disease.

Similia similibus curentur.

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REVIEWS.

New Remedies: their Pathogenetic Effects and Therapeutical Application in Homœopathic Practice. By Edwin M. Hale, M.D. Detroit, Michigan: Lodge, 266, Jefferson-avenue. London: Turner & Co., 77, Fleet-street. pp. 447.

"The object in the preparation of this work has been to furnish the physicians and students of the homœopathic school of medicine, with full and accurate information relative to a class of remedies, mostly indigenous, but few of which have had any place in the published Homœopathic Materia Medica. Some of the provings have been incorporated into the Symptomen Codex (*Phytolacca, Podophyllum, and Sanguinaria*), others have been published in the various journals of our School (*Rumex, Cimicifuga, Cornus c., etc.*), but the great majority have never been proven until now, and the only mention of them has been in occasional clinical or empirical suggestions. To the first and second classes I have added many pathogenetic symptoms gleaned from various sources, reprovings, poisonings, etc., and added also all the clinical observations that could be collected from reliable sources. The latter class may be divided into two others; namely, those which have been proven, and those of which we have only empirical data upon which to base clinical use, and suggestive or theoretical deductions."—(*Extract from the Author's Preface.*)

Dr. Hale's reputation is so well established, that our readers will easily believe that what the author proposed to himself, in undertaking this work, he has carried out skilfully and scientifically. The volume bears evidence of great labour and care; and in it the homœopathic world has obtained a valuable desideratum.

The work before us comprises provings of no less than forty-four medicines.

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HOMŒOPATHY IN THE FEDERAL ARMY, ETC.

Family Homœopathy. By JOHN ELLIS, M.D., Prof. of the Theory and Practice of Medicine in the New York Medical College for Women; formerly Professor in the Western Medical College of Cleveland, &c. New York: Smith & Son, 484, Broadway. pp. 404.

THIS work is exceedingly well written. Dr. Ellis tells us, in his preface, that "his aim has been to present in a compact form, as good a description of the symptoms of the various diseases, as possible in a small compass, and to give the prominent indications for the use of a limited number of our most important remedies, with specific and somewhat positive directions as to the stage of the disease in which they should be used, and the length of time during which they should generally be continued; thus simplifying the practice, and leaving as little as possible to the discretion of the prescriber."

To know the properties and applications of some of our leading medicines—to understand something of the doses, and of the period during which they should be continued, seems to be all that an amateur should expect. This knowledge may save life in the unavoidable absence of the physician.

Dr. Ellis's work is plain and intelligible; and in the hands of a reader of ordinary capacity, will accomplish all that the author professes to effect.

HOMŒOPATHY IN THE FEDERAL ARMY.

IN the American Federal Army, Dr. Franklin, who had charge of the Hospital at Springfield, and subsequently of the General Hospital, Mound City, which is capable of holding 1,500 patients, states that among the cases treated by him homœopathically, the mortality was only 7 per cent., whilst under allopathic treatment it was from 12 to 25 per cent.

VETERINARY HOMŒOPATHY.

MR. DAVIS, the well-known huntsman of Her Majesty's buck-hounds, states in a recent number of the *Field*, "that last season he only lost three whelps from distemper under homœopathic treatment; whilst previously, under the old system, he lost half his young hounds." He relies on *aconite* in the first stage, and then completes the cure with *phosphorus*. Mr. Davis has been connected with the royal kennels for upwards of sixty years: his

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testimony of the relative value of the old and new treatment is, therefore, of considerable weight. Mr. Moore, homœopathic veterinary surgeon, of London, who has a practice equal to any in the kingdom, and who has the sole treatment of all the horses of the Midland Railway Company, London, 180 in number, besides the studs of many other large firms, and of noblemen and gentlemen in all parts of the country, states that of the 180 horses of the Midland Company, the health of which are unequalled, during the past four years, only one death has occurred; *and that during a severe epidemic, Mr. Newcombe, the agent of the Company, visited the stables of the various railway companies, and the illness among the horses was 12 per cent., and many deaths; whilst in his stud, under Mr. Moore's treatment, it was only 5 per cent., and no deaths—the average illness being only 2½ per cent. per annum, including accidents, of which there are a great number; and not one death has occurred amongst them this year.* These, and many more facts which might be given, are a sufficient refutation of the objection so often raised, that homœopathic cures are due to faith alone.—*Report of the Northamptonshire Homœopathic Dispensary*, 1863–4.

DISPENSARY REPORT.

REPORT OF THE NORTHAMPTONSHIRE HOMŒOPATHIC DISPENSARY,

From July 1st, 1863, to June 30th, 1864.

Medical Officer—A. C. Clifton, Esq., M.R.C.S.
Chemists—Berry & Co.

Number of cases admitted	481
Remaining under treatment from previous year...	76
	557

Of these 312 were cured; 92 were benefitted; 65 left treatment, and result unknown. In 24 cases there was no improvement; 12 died; 52 remaining under treatment. 196 visits were made at the homes of patients unable to attend the Dispensary. 2440 prescriptions were dispensed by the homœopathic chemists.

It will be seen from this Report that the mortality was only 2·15 per cent. on the number of cases treated; and this per centage would have been much less, but for the fact that four of the cases only applied for relief within a day or two of their decease, after having been treated allopathically without success.

W. Davy & Son, Printers, Gilbert-street, W.

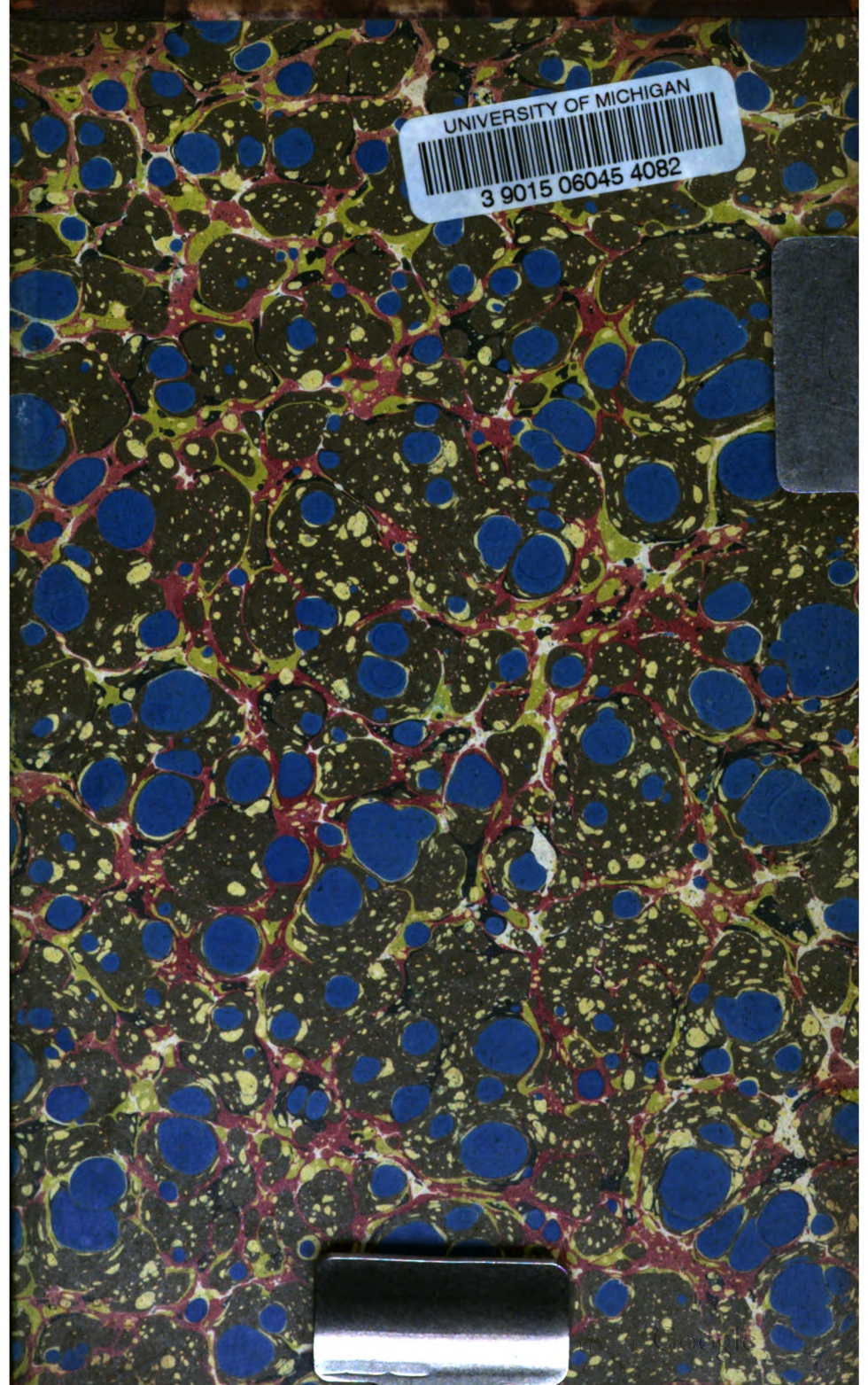
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